

Janet Napolitano, Governor
Anthony D. Rodgers, Director



801 E. Jefferson, Phoenix, AZ 85034
P.O. Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov

September 26, 2007

The Honorable Tim Bee, President
Arizona State Senate
1700 West Washington
Phoenix, AZ 85007

The Honorable Jim Weiers, Speaker
Arizona House of Representatives
1700 West Washington
Phoenix, AZ 85007

SUBJECT: FY 2008 Appropriation Status Report for the Period Ended August 31, 2007

Dear President Bee and Speaker Weiers:

Pursuant to A.R.S. §'s 36-2920 and 36-2994, enclosed is the Arizona Health Care Cost Containment System's (AHCCCS) Appropriation Status Report (ASR) for the period ended August 31, 2007.

As part of its fiscal year 2009 budget request to the Governor's Office of Strategic Planning and Budgeting, a fiscal year 2008 rebase was prepared. The rebase projects a \$166.4 million Total Fund (\$57.0 million General Fund) shortfall. This shortfall is comprised of a \$194.6 million Total Fund (\$61.5 million General Fund) acute care shortfall and a \$28.2 million Total Fund (\$4.5 million General Fund) ALTCS surplus. The ALTCS surplus will not be reflected as a General Fund reversion on June 30, 2008. Instead, pursuant to A.R.S. § 11-292.M, it may be deposited into the General Fund during FY 2009. Please note that these estimates are based on less than one quarter of the fiscal year being complete and AHCCCS will update them as the year progresses.

During the second half of FY 2007, the program began to experience sustained enrollment growth that has continued thus far into FY 2008. Since February 2007, enrollment has increased by 37,000 to 1,061,626 members in August 2007 (this number does not include Healthcare Group enrollment, or certain Medicare Cost Sharing populations). For FY 2008, enrollment has increased by 11,613 members or 1.11% through August 2007.

As mentioned above, shortfalls have been projected for several program appropriation line items. The potential shortfalls include:

- ◆ Acute Base and Prop 204 Capitation Line Items - \$141.4 million Total Fund (\$40.5 million General Fund) shortfall. This annualized estimated shortfall is due to member growth and medical inflation. The FY 2008 appropriation assumes June over June

member growth in the Acute Base and Prop 204 populations of 1.79%. The FY 2008 rebase assumes June over June growth of 4.85% for these populations. The actual growth in Title XIX acute capitated members from June to August 2007 was 1.11%. Additionally, the acute care capitation rate increase for FY 2008 is 6.9% compared to an appropriated increase of 6.0%.

- ◆ Acute Base and Prop 204 Reinsurance Line Items - \$28.9 million Total Fund (\$9.8 million General Fund) shortfall. In addition to the enrollment growth experienced in the last seven months, reinsurance cases have continued to increase. Contract Year (CY) 2006 cases (which mostly paid in FY 2007) were 31.7% higher than CY 2005. Additionally, the average cost per case for CY 2006 has increased over 8.1% compared to the average cost per case for CY 2005 (mostly paid in FY 2006). These increases may be explained by a combination of factors including, but not limited to, inpatient outlier claims, developments in technology and treatments, and the number of reinsurance cases due to the current deductible levels remaining unchanged.
- ◆ Acute Base and Prop 204 Fee-for-Service (FFS) Line Items – \$18.1 million (\$6.6 million General Fund) shortfall. The FY 2008 rebase represents an increase of 19.3% over the FY 2007 appropriated levels. The increases are in the following FFS categories: Indian Health Services 10.7%; Federal Emergency Services 13.3%; Non-IHS FFS 6.7%; and Federally Qualified Health Centers 27.5%. These increases compare to an 11% appropriated increase in the fee-for-service populations.
- ◆ Acute Base and Prop 204 Medicare Premium Line Items - \$6.4 million (\$2.0 million General Fund) shortfall. The FY 2008 appropriation for Medicare Premiums represents a 19.3% decrease from the FY 2007 appropriated levels based on lower than appropriated spending in FY 2007. The FY 2008 rebase estimates the Medicare Premium increase using a three-year average increase of 6.2% for Part A and 12.1% for Part B. These estimated premium increases result in the estimated shortfall, the actual premium increase will not be known until later in the fiscal year.
- ◆ ALTCS - \$28.2 million Total Fund (\$4.5 million General Fund) surplus. This annualized estimated surplus is primarily due to a 2.4% difference between the appropriated (6%) and actual (3.6%) ALTCS capitation rate increase for the fiscal year. Additionally, appropriated member years for the ALTCS program are about 380 higher than member years in the FY 2008 rebase.

The FY 2008 tobacco funds expenditure allocations, as reported in the FY 2008 Appropriations Report, are \$11.6 million greater than the estimated FY 2008 tobacco funds available sources. In addition, tobacco tax collections through August 2007 are \$3.6 million less than AHCCCS' monthly projections. AHCCCS will monitor the tobacco funds revenue collections trend to better estimate the impact, if any, on the FY 2008 appropriation.

Since only two months of the fiscal year have elapsed and the shortfalls described above are based on estimates, Projected Annual Expenditures for purposes of this report are equal to the FY 2008 appropriation. AHCCCS will continue to monitor enrollment trends and tobacco fund revenues to assess the adequacy of its FY 2008 appropriations and provide updates.

The Honorable Tim Bee
The Honorable Jim Weiers
September 26, 2007
Page 3

If you have any questions about this report, please do not hesitate to call Tom Betlach at (602) 417-4483 or Jim Cockerham at (602) 417-4059.

Sincerely,



Anthony D. Rodgers
Director

Enclosure

cc: The Honorable Janet Napolitano, Governor
 The Honorable Robert Burns, Chairman, Senate Appropriations Committee
 The Honorable Russell Pearce, Chairman, House Appropriations (P) Committee
 The Honorable Carolyn Allen, Chairman, Senate Health Committee
 The Honorable Bob Stump, Chairman, House Health Committee
 Jim Apperson, Director, Governor's Office of Strategic Planning and Budgeting
 Richard Stavneak, Director, Joint Legislative Budget Committee

Arizona Health Care Cost Containment System

Appropriation Status Report (ASR)

Fiscal Year 2008

Through August 31, 2007

AHCCCS

Prepared by: Division of Business and Finance

**Arizona Health Care Cost Containment System
Appropriation Status Report
Table of Contents**

	Page
• APPROPRIATED SOURCES AND USES OF FUNDS	
Summary of Appropriated Expenditures for SFY 2008	2
Appropriated Expenditures by Funding Source	3
Appropriated Revenue Received Detail Schedule	4
• FOOTNOTES	6
• CASELOAD AND EXPENDITURES BY RATE CODE	9

AHCCCS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

APPROPRIATION STATUS REPORT

APPROPRIATED SOURCES AND USES OF FUNDS

AHCCCS


ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2008 APPROPRIATION STATUS REPORT
For the Period Ending August 31, 2007
SUMMARY OF APPROPRIATED EXPENDITURES

	(A) ANNUAL APPROPRIATION	(A) EXPENDITURE PLAN YTD	(B) EXPENDITURES YTD	(A) - (B) VARIANCE YTD	PROJECTED ANNUAL EXPENDITURES	ANNUALIZED VARIANCE
APPROPRIATIONS:						
ADMINISTRATION						
AHCCCS Operating	\$ 70,107,600	\$ 15,291,600	\$ 15,196,373	\$ 95,227	\$ 70,107,600	\$ -
AHCCCS Prop 204 Administration	11,401,700	2,704,000	2,522,610	181,390	11,401,700	-
DOA Data Center	5,717,500	-	-	-	5,717,500	-
Office of Administrative Hearings	271,300	52,200	36,600	15,600	271,300	-
DES Eligibility	55,687,400	13,570,900	15,231,132	(1,660,232)	55,687,400	-
DES Prop 204 Eligibility	40,229,100	9,638,200	8,655,737	982,463	40,229,100	-
DES Title XIX Pass-Through	357,800	80,300	53,692	26,608	357,800	-
DES Eligibility System Upgrade	2,600,000	-	39,300	(39,300)	2,600,000	-
Healthcare Group	16,468,700	6,967,600	6,878,537	89,063	16,468,700	-
Indian Advisory Council	232,900	42,300	45,891	(3,591)	232,900	-
CHIP - Administration	9,445,300	2,011,300	2,463,503	(452,203)	9,445,300	-
Computer System Planning	2,090,900	-	4,300	(4,300)	2,090,900	-
211 System	3,422,400	658,200	230,030	428,170	3,422,400	-
TOTAL ADMINISTRATION	218,032,600	51,016,600	51,357,704	(341,104)	218,032,600	-
ACUTE CARE						
Acute Capitation	1,889,804,700	292,193,900	308,166,793	(15,972,893)	1,889,804,700	-
Reinsurance	108,132,500	17,996,300	20,120,016	(2,123,716)	108,132,500	-
Fee-For-Service	497,366,500	78,149,400	70,864,934	7,284,466	497,366,500	-
Medicare Premiums	91,928,600	14,127,300	14,909,324	(782,024)	91,928,600	-
Breast and Cervical Cancer	2,131,400	299,400	156,038	143,362	2,131,400	-
Freedom to Work	8,043,600	1,261,400	956,890	304,510	8,043,600	-
SOBRA Pregnant Women	5,336,500	-	-	-	5,336,500	-
Part D Copay Subsidy	2,640,000	396,100	410,237	(14,137)	2,640,000	-
Medicare Clawback Payments	27,022,000	4,306,200	4,367,944	(61,744)	27,022,000	-
SSDI Temporary Medical Coverage	10,326,400	865,900	783,024	82,876	10,326,400	-
Prop 204 Capitation	1,005,351,900	160,138,700	184,287,106	(24,148,406)	1,005,351,900	-
Prop 204 Reinsurance	109,441,000	13,521,000	15,177,135	(1,656,135)	109,441,000	-
Prop 204 Fee-For-Service	175,536,600	30,381,300	29,151,030	1,230,270	175,536,600	-
Prop 204 Medicare Premiums	28,532,300	4,488,300	4,637,298	(148,998)	28,532,300	-
Prop 204 County Hold Harmless	4,825,600	-	-	-	4,825,600	-
KidsCare - Children Services	129,036,800	20,571,200	19,514,874	1,056,326	129,036,800	-
KidsCare - Parent Services	50,296,300	7,528,200	7,424,489	103,711	50,296,300	-
Disproportionate Share Hospital	30,350,000	-	-	-	30,350,000	-
Graduate Medical Education	44,156,600	-	-	-	44,156,600	-
Hospital Loan Residency Program	1,000,000	-	-	-	1,000,000	-
Critical Access Hospitals	1,700,000	-	-	-	1,700,000	-
Rural Hospital Reimbursement	12,158,100	-	-	-	12,158,100	-
TOTAL ACUTE	4,235,117,400	646,224,600	680,927,133	(34,702,533)	4,235,117,400	-
LONG TERM CARE						
LTC - Lump Sum Appropriation	1,099,329,800	176,063,100	171,720,465	4,342,635	1,099,329,800	-
LTC - Medicare Clawback Payments	20,428,900	3,252,100	3,141,057	111,043	20,428,900	-
LTC - Part D Copay Subsidy	949,000	160,000	143,116	16,884	949,000	-
LTC - Board of Nursing	209,700	35,000	-	35,000	209,700	-
TOTAL LONG TERM CARE	1,120,917,400	179,510,200	175,004,639	4,505,561	1,120,917,400	-
TOTAL EXPENDITURES	\$ 5,574,067,400	\$ 876,751,400	\$ 907,289,476	\$ (30,538,076)	\$ 5,574,067,400	\$ -

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

FY 2008 APPROPRIATION STATUS REPORT
For the Period Ending August 31, 2007
APPROPRIATED EXPENDITURES BY FUNDING SOURCE

	ANNUAL APPROPRIATION / BUDGET	EXPENDITURE PLAN YTD	EXPENDITURES YTD	VARIANCE YTD	PROJECTED ANNUAL EXPENDITURES	ANNUALIZED VARIANCE
STATE - GENERAL FUND						
Administrative Expenditures	\$ 70,270,200	\$ 22,652,800	\$ 24,010,967	\$ (1,358,167)	\$ 70,270,200	\$ -
Proposition 204 - Administrative Expenditures	26,232,300	7,606,000	7,043,526	562,474	26,232,300	-
CHIP - Administration	2,226,200	607,100	732,833	(125,733)	2,226,200	-
Programmatic Expenditures						
Acute Care	735,663,300	112,345,800	121,076,874	(8,731,074)	735,663,300	-
Proposition 204 - Acute Care	223,329,800	48,321,700	57,283,384	(8,961,684)	223,329,800	-
Long Term Care	146,154,500	19,977,400	19,305,138	672,262	146,154,500	-
CHIP - Services	28,151,000	4,488,700	4,311,705	176,995	28,151,000	-
CHIP - Parent Services	9,172,700	1,376,200	1,488,322	(112,122)	9,172,700	-
Acute Care - Hospital Payments	29,406,200	-	-	-	29,406,200	-
TOTAL GF EXPENDITURES	1,270,606,200	217,375,700	235,252,748	(17,877,048)	1,270,606,200	-
FEDERAL						
Administrative Expenditures	78,217,600	13,042,700	12,826,350	216,350	78,217,600	-
Proposition 204 - Administrative Expenditures	22,715,400	4,289,000	4,134,821	154,179	22,715,400	-
CHIP - Administration	7,219,100	1,404,200	1,730,670	(326,470)	7,219,100	-
Programmatic Expenditures						
Acute Care	1,793,182,900	279,402,400	287,356,769	(7,954,369)	1,793,182,900	-
Proposition 204 - Acute Care	898,169,000	142,794,300	161,084,947	(18,290,647)	898,169,000	-
Long Term Care	732,018,400	117,598,500	114,757,957	2,840,543	732,018,400	-
CHIP - Services	94,185,800	15,018,300	14,036,770	981,530	94,185,800	-
CHIP - Parent Services	33,623,600	5,044,600	4,887,192	157,408	33,623,600	-
Acute Care - Hospital Payments	59,958,500	-	-	-	59,958,500	-
TOTAL FEDERAL EXPENDITURES	3,719,290,300	578,594,000	600,815,475	(22,221,475)	3,719,290,300	-
COUNTY						
Administrative Expenditures Proposition 204 - BNCF	2,683,100	447,200	-	447,200	2,683,100	-
Programmatic Expenditures						
Acute Care	52,852,000	8,350,600	8,350,600	-	52,852,000	-
Long Term Care	242,744,500	41,934,300	40,523,165	1,411,135	242,744,500	-
TOTAL COUNTY EXPENDITURES	298,279,600	50,732,100	48,873,765	1,858,335	298,279,600	-
TOBACCO FUNDS						
Programmatic Expenditures						
Acute Care - Medically Needy	58,840,800	9,296,800	3,748,667	5,548,133	58,840,800	-
Proposition 204 - Medically Needy	19,465,300	3,079,400	3,314,008	(234,608)	19,465,300	-
Proposition 204 - Emergency Health Services	29,264,100	4,611,700	3,232,641	1,379,059	29,264,100	-
Proposition 204 - Proposition 204 Protection	61,455,100	9,722,200	8,337,589	1,384,611	61,455,100	-
Proposition 204 - ATLSF	92,004,100	-	-	-	92,004,100	-
TOTAL TOBACCO EXPENDITURES	261,029,400	26,710,100	18,632,904	8,077,196	261,029,400	-
OTHER						
Administrative Expenditures - HCG	8,468,700	967,600	878,537	89,063	8,468,700	-
Programmatic Expenditures						
Acute Care - TPL	194,700	30,800	194,271	(163,471)	194,700	-
Long Term Care - TPL	-	-	418,378	(418,378)	-	-
Temporary Medical Coverage Fund	1,976,400	165,700	2,964	162,736	1,976,400	-
CHIP Children Premiums	6,700,000	1,064,300	1,166,399	(102,099)	6,700,000	-
CHIP Parent Premiums	7,500,000	1,107,400	1,048,976	58,424	7,500,000	-
Freedom to Work Premiums	22,100	3,700	5,056	(1,356)	22,100	-
TOTAL OTHER EXPENDITURES	24,861,900	3,339,500	3,714,581	(375,081)	24,861,900	-
TOTAL						
Administrative Expenditures	218,032,600	51,016,600	51,357,704	(341,104)	218,032,600	-
Acute Care	4,235,117,400	646,224,600	680,927,133	(34,702,533)	4,235,117,400	-
Long Term Care	1,120,917,400	179,510,200	175,004,639	4,505,561	1,120,917,400	-
TOTAL EXPENDITURES	\$ 5,574,067,400	\$ 876,751,400	\$ 907,289,476	\$ (30,538,076)	\$ 5,574,067,400	\$ -

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2008 APPROPRIATION STATUS REPORT
APPROPRIATED REVENUE RECEIVED DETAIL SCHEDULE
For the Period Ending August 31, 2007

BUDGET	BUDGET YTD	RECEIPTS YTD
---------------	-----------------------	-------------------------

GENERAL FUND:

Acute & Administrative	\$ 835,339,700	\$ 134,998,600	\$ 139,087,841
Proposition 204 - Acute & Administrative	249,562,100	55,927,700	64,326,910
LTC	146,154,500	19,977,400	24,038,561
CHIP	30,377,200	5,095,800	5,044,537
CHIP Parents	9,172,700	1,376,200	1,488,322
TOTAL	<u>1,270,606,200</u>	<u>217,375,700</u>	<u>233,986,172</u>

FEDERAL:

Acute & Administrative	1,931,359,000	292,445,100	323,212,501
Proposition 204 - Acute & Administrative	920,884,400	147,083,300	161,893,958
LTC	732,018,400	117,598,500	114,757,957
CHIP	101,404,900	16,422,500	16,297,557
CHIP Parents	33,623,600	5,044,600	4,863,730
TOTAL	<u>3,719,290,300</u>	<u>578,594,000</u>	<u>621,025,702</u>

COUNTY:

Acute & Administrative	55,535,100	8,797,800	9,618,825
LTC	242,744,500	41,934,300	40,457,417
TOTAL	<u>298,279,600</u>	<u>50,732,100</u>	<u>50,076,242</u>

TOBACCO FUNDS:

Acute Care	58,840,800	9,296,800	3,748,667
Proposition 204 - Acute Care	202,188,600	17,413,300	14,884,237
TOTAL	<u>261,029,400</u>	<u>26,710,100</u>	<u>18,632,904</u>

OTHER:

Healthcare Group	8,468,700	967,600	878,537
Acute TPL - Note 1	194,700	30,800	194,271
LTC TPL - Note 1	-	-	418,378
KidsCare TPL - Note 1	-	-	14,294
Temporary Medical Coverage Fund	1,976,400	165,700	77,886
Member Premiums - CHIP	6,700,000	1,064,300	1,166,399
Member Premiums - CHIP Parents	7,500,000	1,107,400	1,048,976
Member Premiums - Freedom to Work	22,100	3,700	5,056
TOTAL	<u>24,861,900</u>	<u>3,339,500</u>	<u>3,803,796</u>

TOTAL REVENUE	<u>\$ 5,574,067,400</u>	<u>\$ 876,751,400</u>	<u>\$ 927,524,816</u>
----------------------	--------------------------------	------------------------------	------------------------------

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

APPROPRIATION STATUS REPORT

FOOTNOTES

AHCCCS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2008 APPROPRIATION STATUS REPORT
For the Period Ending August 31, 2007

Note 1: Third Party Liability revenues collected:

Gross Collections:

	August 2007	August 2006	July 1, 2007 August 31, 2007	July 1, 2006 August 31, 2006
Acute TPL	\$ 295,567	\$ 6,663	\$ 708,959	\$ 216,540
LTC TPL	514,652	-	1,443,254	328,175
KidsCare TPL	-	-	39,037	-
Total TPL Collections	<u>\$ 810,220</u>	<u>\$ 6,663</u>	<u>\$ 2,191,250</u>	<u>\$ 544,715</u>

Net Collections(Net of Federal Share):

Acute TPL	\$ 85,134	\$ -	\$ 194,271	\$ 51,004
LTC TPL	146,038	-	418,378	97,519
KidsCare TPL	-	-	14,294	-
Total State Share	<u>\$ 231,172</u>	<u>\$ -</u>	<u>\$ 626,942</u>	<u>\$ 148,522</u>

FY 08 Total

1,472.3

1,324.7

Note 2: Authorized Positions

Actual Positions as of August 31, 2007

¹ The Authorized Positions total does not include 13 HIFA Parents Program FTE that were inadvertently not included when the programs were restored during the FY 2004 budget deliberations.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FY 2008 APPROPRIATION STATUS REPORT
For the Period Ending August 31, 2007

Note 3: Intergovernmental Service Agreement - State of Hawaii:

Beginning Balance July 1, 2007	\$ 3,662,488
Revenues	2,097
Transfers-In	-
Total Revenues	<u>2,097</u>
Expenditures	603,286
Transfers-out	-
Total Expenditures	<u>603,286</u>
Ending Balance August 31, 2007	<u>\$ 3,061,299</u>

Of the \$3,061,299 ending balance, \$862,895 represents restricted cash advances from the State of Hawaii for the projected expenditures through August 2007.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

APPROPRIATION STATUS REPORT

CASELOAD AND EXPENDITURES BY RATE CODE

AHCCCS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXPENDITURE SUMMARY

For the Period Ending August 31, 2007

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
--	------	--------	-----------	---------	----------	----------	---------	----------	-------	-------	-----	------	-------

TITLE XIX BASE

CAPITATION - ACUTE	151,433,787	153,782,249	0	0	0	0	0	0	0	0	0	0	305,216,036
CAPITATION - LTC	137,701,097	134,761,294	0	0	0	0	0	0	0	0	0	0	272,462,391
MENTAL HEALTH - CHILD	18,492,752	18,601,583	0	0	0	0	0	0	0	0	0	0	37,094,335
MENTAL HEALTH - ADULT	15,997,805	16,091,754	0	0	0	0	0	0	0	0	0	0	32,089,559
MENTAL HEALTH - CMDP	9,880,883	9,741,995	0	0	0	0	0	0	0	0	0	0	19,622,878
MENTAL HEALTH - GENERAL	8,121,065	8,168,276	0	0	0	0	0	0	0	0	0	0	16,289,341
CHILDREN'S REHAB SERVICES	4,977,725	4,896,725	0	0	0	0	0	0	0	0	0	0	9,874,449
FEE FOR SERVICE - ACUTE	25,210,220	24,667,125	0	0	0	0	0	0	0	0	0	0	49,877,345
EMERGENCY SERVICES - FEDERAL	10,669,318	10,658,478	0	0	0	0	0	0	0	0	0	0	21,327,797
FEDERAL ESP CHRONIC SERVICES	2,584	185	0	0	0	0	0	0	0	0	0	0	2,769
FFS - FAMILY PLANNING	8,299	6,788	0	0	0	0	0	0	0	0	0	0	15,087
FFS MEDICAID IN PUBLIC SCHOOLS	1,282,436	1,032,922	0	0	0	0	0	0	0	0	0	0	2,315,357
QMB - FEE FOR SERVICE	136,818	109,063	0	0	0	0	0	0	0	0	0	0	245,881
INPATIENT INMATES FFS	469	33,153	0	0	0	0	0	0	0	0	0	0	33,621
MARICOPA CTY INMATES FFS	-7,971	83,663	0	0	0	0	0	0	0	0	0	0	75,692
PIMA COUNTY INMATES FFS	7,177	1,085	0	0	0	0	0	0	0	0	0	0	8,261
PINAL COUNTY INMATES FFS	4,421	0	0	0	0	0	0	0	0	0	0	0	4,421
RX-AMERICA PART D - ACUTE	180,335	196,459	0	0	0	0	0	0	0	0	0	0	376,794
RX-AMERICA PART D - LTC DD	8,563	9,449	0	0	0	0	0	0	0	0	0	0	18,012
RX-AMERICA PART D - LTC EPD	62,951	69,637	0	0	0	0	0	0	0	0	0	0	132,589
FEE FOR SERVICE - LTC	8,576,881	7,518,216	0	0	0	0	0	0	0	0	0	0	16,095,097
LFFS MEDICAID IN PUBLIC SCHOOLS	2,138,553	1,209,561	0	0	0	0	0	0	0	0	0	0	3,348,114
REINSURANCE - ACUTE	12,927,144	7,196,796	0	0	0	0	0	0	0	0	0	0	20,123,940
REINSURANCE - LTC	8,909,899	3,983,715	0	0	0	0	0	0	0	0	0	0	12,893,614
SMIB - ACUTE	6,150,220	6,184,253	0	0	0	0	0	0	0	0	0	0	12,334,473
HIB - ACUTE	200,146	188,628	0	0	0	0	0	0	0	0	0	0	388,774
Q1	990,101	968,969	0	0	0	0	0	0	0	0	0	0	1,959,070
SMIB - LTC	2,318,204	2,329,242	0	0	0	0	0	0	0	0	0	0	4,647,445
HIB - LTC	237,884	223,508	0	0	0	0	0	0	0	0	0	0	461,392
SUBTOTAL	426,619,762	412,714,770	0	839,334,533									

TITLE XIX EXPANSION AND CONVERSION

CAPITATION - ACUTE	80,214,194	84,996,013	0	0	0	0	0	0	0	0	0	0	165,210,208
MENTAL HEALTH - CHILD	254,539	258,179	0	0	0	0	0	0	0	0	0	0	512,718
MENTAL HEALTH - ADULT	15,169,675	15,341,027	0	0	0	0	0	0	0	0	0	0	30,510,702
MENTAL HEALTH - CMDP	2,089	2,089	0	0	0	0	0	0	0	0	0	0	4,177
MENTAL HEALTH - GENERAL	7,738,283	7,825,692	0	0	0	0	0	0	0	0	0	0	15,563,974
CHILDREN'S REHAB SERVICES	87,138	74,032	0	0	0	0	0	0	0	0	0	0	161,170

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXPENDITURE SUMMARY

For the Period Ending August 31, 2007

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
FEE FOR SERVICE - ACUTE	12,728,710	11,665,371	0	0	0	0	0	0	0	0	0	0	24,394,080
EMERGENCY SERVICES - FEDERAL	2,200,007	2,640,008	0	0	0	0	0	0	0	0	0	0	4,840,015
FEDERAL ESP CHRONIC SERVICES	-388	-34	0	0	0	0	0	0	0	0	0	0	-422
FFS MEDICAID IN PUBLIC SCHOOLS	14,255	10,027	0	0	0	0	0	0	0	0	0	0	24,281
INPATIENT INMATES FFS	11,776	11,720	0	0	0	0	0	0	0	0	0	0	23,496
MARICOPA CTY INMATES FFS	143,490	80,497	0	0	0	0	0	0	0	0	0	0	223,987
PIMA COUNTY INMATES FFS	27,120	28,118	0	0	0	0	0	0	0	0	0	0	55,238
PINAL COUNTY INMATES FFS	0	764	0	0	0	0	0	0	0	0	0	0	764
REINSURANCE - ACUTE	10,757,181	4,362,469	0	0	0	0	0	0	0	0	0	0	15,119,650
SMIB - ACUTE	2,321,122	2,312,815	0	0	0	0	0	0	0	0	0	0	4,633,936
HIB - ACUTE	1,681	1,681	0	0	0	0	0	0	0	0	0	0	3,362
SUBTOTAL	131,670,870	129,610,467	0	0	0	0	0	0	0	0	0	0	261,281,337
TOTAL TITLE XIX	558,290,632	542,325,237	0	0	0	0	0	0	0	0	0	0	1,100,615,869

TITLE XXI - KidsCare

KidsCare - CAPITATION	8,046,375	8,186,083	0	0	0	0	0	0	0	0	0	0	16,232,457
KidsCare - FEE FOR SERVICE	218,160	141,435	0	0	0	0	0	0	0	0	0	0	359,594
KidsCare - MENTAL HEALTH	1,319,597	1,343,059	0	0	0	0	0	0	0	0	0	0	2,662,656
KidsCare - REINSURANCE	222,703	196,973	0	0	0	0	0	0	0	0	0	0	419,676
KidsCare - CHILD REHAB SERVICES	368,077	365,906	0	0	0	0	0	0	0	0	0	0	733,984
SUBTOTAL	10,174,912	10,233,456	0	20,408,367									

TITLE XXI - HIFA PARENTS

HIFA PARENTS - CAPITATION	3,017,796	3,054,758	0	0	0	0	0	0	0	0	0	0	6,072,554
HIFA PARENTS - FEE FOR SERVICE	85,969	88,652	0	0	0	0	0	0	0	0	0	0	174,622
HIFA PARENTS - MENTAL HEALTH	453,092	457,737	0	0	0	0	0	0	0	0	0	0	910,829
HIFA PARENTS - REINSURANCE	58,713	-11,801	0	0	0	0	0	0	0	0	0	0	46,912
HIFA PARENTS - TRANSPLANT REIN	24,212	123,051	0	0	0	0	0	0	0	0	0	0	147,263
SUBTOTAL	3,639,781	3,712,397	0	7,352,179									

TOTAL TITLE XXI	13,814,693	13,945,853	0	27,760,546									
------------------------	-------------------	-------------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	-------------------

GRAND TOTAL	572,105,326	556,271,089	0	1,128,376,415									
--------------------	--------------------	--------------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------------------

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1002	TANF 01-05 M & F WIT	255.08	255.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	510.16
1004	TANF 14-20 MALE WITH	243.61	243.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	487.22
1005	TANF 14-20 FEMALE WI	0.00	387.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387.74
1006	TANF 21-44 MALE WITH	19,416.17	18,718.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,134.73
1007	TANF 21-44 FEMALE WI	55,973.73	55,677.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	111,651.36
1008	TANF 45-64 M & F WIT	57,186.88	60,288.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117,475.30
1009	TANF 65+ M & F WITH	13,604.15	13,964.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,568.41
100E	TANF 14-20 FEMALE WI	0.00	167.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	167.39
100F	TANF 21-44 MALE WITH	646.92	681.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,328.22
100G	TANF 21-44 FEMALE WI	1,190.35	2,372.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,562.61
100H	TANF 44-64 M & F WIT	626.87	2,232.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,859.29
1011	TANF <1 M & F NON-ME	7,202,437.84	7,186,672.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,389,110.19
1012	TANF 01-05 M & F NON	7,427,931.01	7,579,072.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,007,003.76
1013	TANF 06-13 M & F NON	8,683,059.02	8,846,566.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,529,625.48
1014	TANF 14-20 MALE NON-	2,035,366.05	2,090,813.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,126,179.19
1015	TANF 14-20 FEMALE NO	3,973,261.16	4,031,359.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,004,620.40
1016	TANF 21-44 MALE NON-	1,530,532.91	1,563,134.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,093,666.97
1017	TANF 21-44 FEMALE NO	10,657,603.98	10,902,532.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,560,136.10
1018	TANF 45-64 M & F NON	3,300,225.98	3,356,538.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,656,764.94
1019	TANF 65+ M & F NON-M	7,853.61	9,767.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,620.82
101A	TANF <1 M & F NON-M	737,263.03	800,815.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,538,078.19
101B	TANF 01-05 M & F NON	204,322.80	220,694.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	425,017.02
101C	TANF 06-13 M & F NON	194,206.91	225,246.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419,453.75
101D	TANF 14-20 MALE NON-	138,665.04	146,099.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284,764.41
101E	TANF 14-20 FEMALE NO	232,960.50	252,324.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	485,284.88
101F	TANF 21-44 MALE NON-	148,728.48	167,554.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	316,283.47
101G	TANF 21-44 FEMALE NO	695,572.78	817,585.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,513,158.09
101H	TANF 44-64 M & F NON	188,003.36	198,194.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	386,198.06
101J	TANF 65+ N & F NON-M	1,141.80	3,123.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,264.97
1026	TANF 21-44 MALE WITH	527.54	938.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,466.43
1027	TANF 21-44 FEMALE WI	3,241.81	3,636.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,878.52
1028	TANF 45-64 M & F WIT	3,398.03	3,398.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,796.06
1029	TANF 65+ M & F WITH	342.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342.03
102G	TANF 21-44 FEMALE WI	0.00	126.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	126.98
2100	SSI AGED WITH MEDICA	647,131.90	654,503.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,301,635.12
210Z	SSI AGED WITH MEDICA	10,025.28	12,778.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,803.86
2110	SSI AGED NON-MEDICAR	2,153,315.35	2,221,692.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,375,007.97
211Z	SSI AGED NON-MEDICAR	31,312.43	41,394.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72,707.03

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2120	SSI AGED WITH QMB	2,462,760.21	2,463,455.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,926,215.24
212Z	SSI AGED WITH QMB PP	1,818.86	2,660.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,479.78
2200	SSI DISABLED WITH ME	420,978.03	432,670.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	853,648.05
220Z	SSI DISABLED WITH ME	11,131.94	10,822.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,954.63
2210	SSI DISABLED NON-MED	29,949,260.10	29,919,115.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,868,375.66
221Z	SSI DISABLED NON-MED	146,314.11	163,585.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	309,899.99
2220	SSI DISABLED WITH QM	3,673,536.48	3,659,785.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,333,322.30
222Z	SSI DISABLED WITH QM	763.28	958.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,721.40
2300	SSI BLIND WITH MEDIC	5,857.20	5,716.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,573.33
230Z	SSI BLIND WITH MEDIC	0.00	3.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.71
2310	SSI BLIND NON-MEDICA	236,105.82	232,403.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	468,509.42
231Z	SSI BLIND NON-MEDICA	424.10	1,210.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,634.46
2320	SSI BLIND WITH QMB	36,711.24	36,619.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,330.58
4304	SOBRA CHILD 14-20 MA	139.00	139.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	278.00
4305	SOBRA CHILD 14-20 FE	175.60	175.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	351.20
4311	SOBRA CHILD <1 M & F	18,376,046.40	18,310,614.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,686,660.42
4312	SOBRA CHILD 01-05 M	9,006,881.62	9,084,679.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,091,561.54
4313	SOBRA CHILD 06-13 M	8,205,070.41	8,281,403.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,486,473.95
4314	SOBRA CHILD 14-20 MA	2,548,063.96	2,574,256.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,122,320.58
4315	SOBRA CHILD 14-20 FE	3,484,991.77	3,530,679.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,015,671.66
431A	SOBRA CHILD < 1 M &	1,369,497.05	1,330,440.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,699,937.66
431B	SOBRA CHILD 01-05 M	268,462.38	294,757.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	563,219.41
431C	SOBRA CHILD 6-13 M&F	219,231.89	271,656.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	490,888.45
431D	SOBRA CHILD 14-20 MA	215,744.33	255,777.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	471,521.97
431E	SOBRA CHILD 14-20 FE	245,155.69	294,866.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	540,021.85
5007	SOBRA PREG 21-44 FEM	8,436.17	8,049.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,485.26
500G	SOBRA PREG 21-44 FEM	138.52	735.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	873.54
5013	SOBRA PREG 09-13 FEM	960.74	945.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,905.85
5015	SOBRA PREG 14-20 FEM	856,563.14	891,224.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,747,787.86
5017	SOBRA PREG 21-44 FEM	1,519,946.79	1,554,551.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,074,498.24
5018	SOBRA PREG 45-64 FEM	5,116.37	5,437.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,554.34
501C	SOBRA PREG 09-13 FEM	37.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.11
501E	SOBRA PREG 14-20 FEM	116,670.25	141,921.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	258,591.37
501G	SOBRA PREG 21-44 FEM	193,886.74	226,893.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	420,780.50
501H	SOBRA PREG 45-64 FEM	1,399.28	445.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,844.90
5027	SOBRA PREG 21-44 FEM	804.75	779.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,584.26
5510	SOBRA FPS FEMALE WIT	68,175.41	66,012.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134,187.43
SUBTOTAL:		134,014,831.13	135,547,001.89	0.00	269,561,833.02									

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
9910	TANF & SOBRA CHILDRE	6,746,627.54	6,737,722.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,484,349.66
9920	SSI W/MEDICARE KICK	44,102.09	44,213.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88,316.05
9921	SSI W/O MEDICARE KIC	321,646.80	302,273.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	623,920.06
9950	S.O.B.R.A. KICK PAYM	9,697,654.90	10,542,437.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,240,092.31
SUBTOTAL:		16,810,031.33	17,626,646.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34,436,678.08
1106	TANF EXPANDED 21-44	74,412.71	72,698.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,111.49
1107	TANF EXPANDED 21-44	202,883.77	200,245.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	403,129.10
1108	TANF EXPANDED 45-64	508,370.42	503,357.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,011,728.06
1109	TANF EXPANDED 65+ M&	106,752.33	105,581.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	212,333.54
110F	TANF EXPANDED 21-44	3,032.52	4,221.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,254.18
110G	TANF EXPANDED 21-44	7,859.09	11,183.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,043.00
110H	TANF EXPANDED 45-64	14,277.39	18,877.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,155.21
110J	TANF EXPANDED 65+ M&	2,234.55	1,130.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,365.17
1111	TANF EXPANDED <1 M&F	32,673.32	35,953.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,626.97
1112	TANF EXPANDED 01-05	136,300.62	144,775.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	281,075.73
1113	TANF EXPANDED 06-13	247,501.20	251,647.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	499,148.70
1114	TANF EXPANDED 14-20	141,938.00	142,321.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	284,259.48
1115	TANF EXPANDED 14-20	471,018.53	475,380.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	946,399.35
1116	TANF EXPANDED 21-44	1,761,064.41	1,774,672.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,535,736.80
1117	TANF EXPANDED 21-44	6,073,077.17	6,137,252.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,210,329.94
1118	TANF EXPANDED 45-64	3,226,272.25	3,262,321.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,488,594.04
1119	TANF EXPANDED 65+ M&	9,250.78	9,548.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,799.67
111A	TANF EXPANDED <1 M&F	10,939.40	17,186.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,126.22
111B	TANF EXPANDED 01-05	4,744.43	5,667.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,412.19
111C	TANF EXPANDED 06-13	7,586.26	7,970.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,556.63
111D	TANF EXPANDED 14-20	14,023.53	15,176.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,199.86
111E	TANF EXPANDED 14-20	39,069.54	44,076.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	83,145.83
111F	TANF EXPANDED 21-44	174,148.41	182,818.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356,966.45
111G	TANF EXPANDED 21-44	432,958.14	503,927.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	936,885.92
111H	TANF EXPANDED 45-64	209,083.28	211,061.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	420,144.96
111J	TANF EXPANDED 65+ M&	848.61	680.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,529.31
1126	TANF EXPANDED 21-44	4,677.74	3,965.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,643.14
1127	TANF EXPANDED 21-44	14,602.35	15,703.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,305.64
1128	TANF EXPANDED 45-64	30,605.51	30,982.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61,588.22
1129	TANF EXPANDED 65+ M&	10,970.53	12,213.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,183.79
112F	TANF EXPANDED 21-44	212.14	277.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	489.94
112G	TANF EXPANDED 21-44	300.14	323.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	623.37
112H	TANF EXPANDED 45-64	0.00	11.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.19

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
112J	TANF EXPANDED 65+ M&	64.58	582.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	646.68
2400	SSI AGED EXPANDED WI	35,943.50	31,757.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,700.61
240Z	SSI AGED EXPANDED WI	18,474.82	15,771.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34,246.15
2410	SSI AGED EXPANDED NO	688,840.98	752,184.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,441,025.75
241Z	SSI AGED EXPANDED NO	22,697.04	25,355.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48,052.16
2420	SSI AGED EXPANDED WI	2,751,652.75	2,772,813.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,524,466.48
242Z	SSI AGED EXPANDED WI	3,723.66	3,164.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,888.24
2500	SSI BLIND EXPANDED W	115.28	160.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275.66
250Z	SSI BLIND EXPANDED W	76.15	61.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	137.44
2520	SSI BLIND EXPANDED W	2,781.41	2,951.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,733.00
2600	SSI DISABLED EXPANDE	16,660.47	19,337.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,997.82
260Z	SSI DISABLED EXPANDE	5,958.36	4,150.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,109.13
2610	SSI DISABLED EXPANDE	216,512.98	211,419.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427,932.28
261Z	SSI DISABLED EXPANDE	2,476.06	2,761.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,237.41
2620	SSI DISABLED EXPANDE	958,663.20	952,647.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,911,310.48
262Z	SSI DISABLED EXPANDE	1,473.92	1,770.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,244.24
SUBTOTAL:		18,699,804.23	19,000,102.39	0.00	37,699,906.62									
9911	SB PAYMENT FOR TANF	509,630.50	571,998.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,081,628.91
9922	SB PAYMENT FOR SSI E	0.00	6,331.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,331.97
SUBTOTAL:		509,630.50	578,330.38	0.00	1,087,960.88									
3306	AHC CARE MALE 21-44	40,370.27	39,579.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79,949.69
3307	AHC CARE FEMALE 21-4	19,110.84	17,827.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,938.74
3308	AHC CARE M&F 45-64 W	134,125.21	136,395.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270,520.78
3309	AHC CARE M&F 65+ W/	32,962.20	35,030.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,992.57
330F	AHC CARE MALE 21-44	9,617.97	8,166.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,784.78
330G	AHC CARE FEMALE 21-4	1,309.03	2,363.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,672.11
330H	AHC CARE M&F 45-64 W	10,102.68	10,397.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,500.36
330J	AHC CARE M&F 65+ W/	1,475.89	1,761.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,237.86
3314	AHC CARE MALE 14-20	430,936.38	435,554.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	866,491.36
3315	AHC CARE FEMALE 14-2	623,740.14	632,136.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,255,876.41
3316	AHC CARE MALE 21-44	3,641,472.35	3,742,407.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,383,879.64
3317	AHC CARE FEMALE 21-4	3,327,204.45	3,392,459.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,719,663.99
3318	AHC CARE M&F 45-64 N	5,636,319.65	5,753,461.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,389,781.29
3319	AHC CARE M&F 65+ NO	4,334.95	3,680.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,015.40
331D	AHC CARE MALE 14-20	70,151.64	84,937.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	155,089.06
331E	AHC CARE FEMALE 14-2	101,323.84	103,242.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	204,566.82
331F	AHC CARE MALE 21-44	664,197.68	890,381.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,554,579.21

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
331G	AHC CARE FEMALE 21-4	551,636.74	680,611.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,232,248.50
331H	AHC CARE M&F 45-64 N	810,916.77	839,773.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,650,690.71
331J	AHC CARE M&F 65+ NO	2,532.93	581.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,114.72
3326	AHC CARE MALE 21-44	1,342.37	1,342.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,684.74
3327	AHC CARE FEMALE 21-4	489.05	1,874.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,363.42
3328	AHC CARE M&F 45-64 W	6,999.36	6,519.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,519.21
3329	AHC CARE M&F 65+ W/	1,225.64	2,092.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,318.32
332H	AHC CARE M&F 45-64 W	0.00	693.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	693.75
SUBTOTAL:		16,123,898.03	16,823,275.41	0.00	32,947,173.44									
9933	SB PAYMENT FOR AHCCS	138,290.42	119,022.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	257,312.45
SUBTOTAL:		138,290.42	119,022.03	0.00	257,312.45									
3400	MED ELIGIBILITY W/ M	314,915.55	288,899.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	603,815.05
340Z	MED ELIGIBILITY W/ M	80,029.17	90,057.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	170,086.21
3410	MED ELIGIBILITY NON-	4,030,903.62	4,153,745.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,184,649.57
341Z	MED ELIGIBILITY NON-	1,613,746.93	1,824,287.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,438,034.26
3420	MED ELIGIBILITY W/ Q	5,090.03	4,870.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,960.73
342Z	MED ELIGIBILITY W/ Q	1,306.96	108.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,415.87
3606	AHC CARE/MI MALE 21-	32,762.22	37,224.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,987.14
3607	AHC CARE/MI FEMALE 2	15,355.85	16,643.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,999.42
3608	AHC CARE/MI M&F 45-6	80,989.82	79,497.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160,487.09
3609	AHC CARE/MI M&F 65+	4,867.45	4,120.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,987.46
360F	AHC CARE/MI MALE 21-	7,903.85	17,638.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,542.06
360G	AHC CARE/MI FEMALE 2	4,816.37	1,852.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,669.03
360H	AHC CARE/MI M&F 45-6	18,335.63	35,213.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53,549.22
360J	AHC CARE/MI M&F 65+	0.00	823.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	823.83
3611	AHC CARE/MI M&F < 1	0.00	469.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	469.30
3612	AHC CARE/MI M&F 1-5	469.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	469.30
3613	AHC CARE/MI M&F 6-13	470.24	469.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	939.54
3614	AHC CARE/MI MALE 14-	1,849,348.94	1,923,765.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,773,114.03
3615	AHC CARE/MI FEMALE 1	1,792,987.22	1,845,977.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,638,965.01
3616	AHC CARE/MI MALE 21-	7,868,592.18	8,211,753.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,080,345.30
3617	AHC CARE/MI FEMALE 2	5,578,066.37	5,766,924.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,344,991.11
3618	AHC CARE/MI M&F 45-6	11,356,700.44	11,748,670.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,105,371.36
3619	AHC CARE/MI M&F 65+	2,622.42	3,347.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,970.07
361D	AHC CARE/MI MALE 14-	275,011.92	364,875.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	639,887.87
361E	AHC CARE/MI FEMALE 1	258,869.39	308,686.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	567,556.17
361F	AHC CARE/MI MALE 21-	1,833,791.95	2,330,421.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,164,213.83

ACUTE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
361G	AHC CARE/MI FEMALE 2	1,099,575.08	1,316,140.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,415,715.23
361H	AHC CARE/MI M&F 45-6	1,965,057.82	2,159,120.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,124,177.84
361J	AHC CARE/MI M&F 65+	0.00	2,406.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,406.45
3626	AHC CARE/MI MALE 21-	2,228.88	1,727.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,956.80
3627	AHC CARE/MI FEMALE 2	1,005.47	812.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,818.27
3628	AHC CARE/MI M&F 45-6	1,623.69	2,335.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,958.90
3629	AHC CARE/MI M&F 65+	836.52	1,154.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,990.95
362H	AHC CARE/MI M&F 45-6	346.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	346.87
362J	AHC CARE/MI M&F 65+	0.00	216.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	216.80
SUBTOTAL:		40,098,628.15	42,544,259.79	0.00	82,642,887.94									
9902	HOSP. KICK PAYMENT M	4,359,983.29	5,703,481.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,063,464.32
9934	SB PAYMENT FOR MED E	6,189.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,189.12
9936	SB PAYMENT FOR AHC C	277,770.56	227,542.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	505,312.95
SUBTOTAL:		4,643,942.97	5,931,023.42	0.00	10,574,966.39									
4517	BC PATIENT FEMALE 21	2,650.44	2,947.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,597.87
4518	BC PATIENT FEMALE 45	30,357.35	33,410.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63,768.18
451G	BC PATIENT FEMALE 21	0.00	77.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77.70
451H	BC PATIENT FEMALE 45	1,355.82	936.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,292.28
4615	CC PATIENT FEMALE 14	208.91	377.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	586.30
4617	CC PATIENT FEMALE 21	2,941.16	3,052.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,993.92
4618	CC PATIENT FEMALE 45	4,541.06	4,674.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,215.88
461E	CC PATIENT FEMALE 14	0.00	33.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.30
461G	CC PATIENT FEMALE 21	521.67	259.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	781.41
461H	CC PATIENT FEMALE 45	817.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	817.18
SUBTOTAL:		43,393.59	45,770.43	0.00	89,164.02									
8700	SSI DISABLED FREEDOM	140,008.21	133,621.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	273,630.19
870Z	SSI DISABLED FREEDOM	310.18	810.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,120.77
8710	SSI DISABLED FREEDOM	90,770.40	87,549.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178,319.96
871Z	SSI DISABLED FREEDOM	1,305.99	816.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,122.34
8720	SSI DISABLED FREEDOM	23,754.31	22,743.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46,497.66
872Z	SSI DISABLED FREEDOM	20.43	83.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104.01
SUBTOTAL:		256,169.52	245,625.41	0.00	501,794.93									
2000	TMCP SSI DISABLED WI	7,664.36	1,393.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,057.88
2010	TMCP SSI DISABLED NO	301,697.08	315,810.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	617,507.67
SUBTOTAL:		309,361.44	317,204.11	0.00	626,565.55									
TOTAL:		231,647,981.31	238,778,262.01	0.00	470,426,243.32									

ACUTE CAPITATION - MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1002	TANF 01-05 M & F WIT	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
1004	TANF 14-20 MALE WITH	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
1005	TANF 14-20 FEMALE WI	0.00	2.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.06
1006	TANF 21-44 MALE WITH	142.79	137.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	280.19
1007	TANF 21-44 FEMALE WI	295.86	294.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	590.36
1008	TANF 45-64 M & F WIT	155.17	163.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	318.47
1009	TANF 65+ M & F WITH	37.00	38.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
100E	TANF 14-20 FEMALE WI	0.00	0.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.93
100F	TANF 21-44 MALE WITH	4.18	4.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.60
100G	TANF 21-44 FEMALE WI	6.64	13.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.85
100H	TANF 44-64 M & F WIT	1.79	6.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.40
1011	TANF <1 M & F NON-ME	15,050.46	15,024.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,075.12
1012	TANF 01-05 M & F NON	66,932.08	68,326.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	135,258.54
1013	TANF 06-13 M & F NON	78,874.59	80,382.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	159,256.68
1014	TANF 14-20 MALE NON-	14,803.62	15,198.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,002.51
1015	TANF 14-20 FEMALE NO	20,987.55	21,303.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,290.65
1016	TANF 21-44 MALE NON-	11,290.81	11,532.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,823.39
1017	TANF 21-44 FEMALE NO	56,569.96	57,870.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	114,440.75
1018	TANF 45-64 M & F NON	8,951.94	9,104.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,056.69
1019	TANF 65+ M & F NON-M	21.70	26.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.54
101A	TANF <1 M & F NON-M	591.43	632.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,224.41
101B	TANF 01-05 M & F NON	4,108.41	4,578.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,686.44
101C	TANF 06-13 M & F NON	3,969.21	4,641.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,611.05
101D	TANF 14-20 MALE NON-	892.02	926.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,818.12
101E	TANF 14-20 FEMALE NO	1,308.04	1,420.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,728.14
101F	TANF 21-44 MALE NON-	957.37	1,079.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,036.40
101G	TANF 21-44 FEMALE NO	3,916.19	4,606.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,522.29
101H	TANF 44-64 M & F NON	545.55	575.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,120.85
101J	TANF 65+ N & F NON-M	3.28	8.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.26
1026	TANF 21-44 MALE WITH	3.87	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.87
1027	TANF 21-44 FEMALE WI	17.00	19.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.28
1028	TANF 45-64 M & F WIT	9.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.00
1029	TANF 65+ M & F WITH	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
102G	TANF 21-44 FEMALE WI	0.00	0.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.70
2100	SSI AGED WITH MEDICA	3,538.55	3,579.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,117.64
210Z	SSI AGED WITH MEDICA	159.74	214.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	374.06
2110	SSI AGED NON-MEDICAR	3,387.25	3,491.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,879.08
211Z	SSI AGED NON-MEDICAR	213.39	282.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	495.90

ACUTE CAPITATION - MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2120	SSI AGED WITH QMB	13,271.72	13,276.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,547.95
212Z	SSI AGED WITH QMB PP	28.60	43.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71.68
2200	SSI DISABLED WITH ME	2,299.47	2,363.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,662.61
220Z	SSI DISABLED WITH ME	193.27	187.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	380.47
2210	SSI DISABLED NON-MED	47,158.58	47,108.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	94,267.18
221Z	SSI DISABLED NON-MED	1,028.32	1,151.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,179.39
2220	SSI DISABLED WITH QM	19,939.82	19,867.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,807.71
222Z	SSI DISABLED WITH QM	12.19	15.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.06
2300	SSI BLIND WITH MEDIC	32.00	31.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.18
230Z	SSI BLIND WITH MEDIC	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.06
2310	SSI BLIND NON-MEDICA	367.97	362.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	730.20
231Z	SSI BLIND NON-MEDICA	2.86	8.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.04
2320	SSI BLIND WITH QMB	199.99	199.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	399.60
4304	SOBRA CHILD 14-20 MA	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
4305	SOBRA CHILD 14-20 FE	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
4311	SOBRA CHILD <1 M & F	38,233.47	38,099.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76,333.32
4312	SOBRA CHILD 01-05 M	80,112.03	80,809.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160,921.11
4313	SOBRA CHILD 06-13 M	73,280.09	73,974.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,254.11
4314	SOBRA CHILD 14-20 MA	18,009.94	18,233.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,243.34
4315	SOBRA CHILD 14-20 FE	18,217.43	18,452.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,669.92
431A	SOBRA CHILD < 1 M &	1,099.23	1,086.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,185.74
431B	SOBRA CHILD 01-05 M	5,252.05	5,761.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,013.23
431C	SOBRA CHILD 6-13 M&F	4,292.11	5,086.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,378.26
431D	SOBRA CHILD 14-20 MA	1,343.47	1,536.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,880.13
431E	SOBRA CHILD 14-20 FE	1,342.56	1,598.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,941.24
5007	SOBRA PREG 21-44 FEM	45.21	42.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88.06
500G	SOBRA PREG 21-44 FEM	0.76	4.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.87
5013	SOBRA PREG 09-13 FEM	6.15	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.15
5015	SOBRA PREG 14-20 FEM	4,556.11	4,742.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,298.36
5017	SOBRA PREG 21-44 FEM	8,071.02	8,258.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,329.78
5018	SOBRA PREG 45-64 FEM	13.95	14.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.61
501C	SOBRA PREG 09-13 FEM	0.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.77
501E	SOBRA PREG 14-20 FEM	656.30	796.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,452.65
501G	SOBRA PREG 21-44 FEM	1,092.21	1,276.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,368.82
501H	SOBRA PREG 45-64 FEM	4.03	1.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.34
5027	SOBRA PREG 21-44 FEM	4.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
5510	SOBRA FPS FEMALE WIT	3,975.90	3,857.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,833.61
SUBTOTAL:		641,896.02	653,764.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,295,660.77

ACUTE CAPITATION - MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
9910	TANF & SOBRA CHILDRE	1,069.00	1,069.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,138.00
9920	SSI W/MEDICARE KICK	7.00	7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.00
9921	SSI W/O MEDICARE KIC	51.00	48.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99.00
9950	S.O.B.R.A. KICK PAYM	1,538.00	1,673.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,211.00
SUBTOTAL:		2,665.00	2,797.00	0.00	5,462.00									
1106	TANF EXPANDED 21-44	548.18	536.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,084.18
1107	TANF EXPANDED 21-44	1,070.08	1,055.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,125.63
1108	TANF EXPANDED 45-64	1,373.31	1,360.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,733.52
1109	TANF EXPANDED 65+ M&	289.99	286.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	576.74
110F	TANF EXPANDED 21-44	19.62	27.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.82
110G	TANF EXPANDED 21-44	44.04	62.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	106.84
110H	TANF EXPANDED 45-64	41.24	54.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.96
110J	TANF EXPANDED 65+ M&	6.52	3.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.75
1111	TANF EXPANDED <1 M&F	67.51	74.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	141.52
1112	TANF EXPANDED 01-05	1,245.61	1,323.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,568.91
1113	TANF EXPANDED 06-13	2,285.18	2,325.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,610.42
1114	TANF EXPANDED 14-20	1,052.94	1,053.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,106.26
1115	TANF EXPANDED 14-20	2,502.15	2,525.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,027.97
1116	TANF EXPANDED 21-44	13,084.73	13,190.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,274.97
1117	TANF EXPANDED 21-44	32,262.75	32,610.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64,872.83
1118	TANF EXPANDED 45-64	8,788.27	8,887.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,675.95
1119	TANF EXPANDED 65+ M&	25.20	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.20
111A	TANF EXPANDED <1 M&F	8.27	12.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.95
111B	TANF EXPANDED 01-05	98.61	117.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	216.43
111C	TANF EXPANDED 06-13	157.78	165.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	323.58
111D	TANF EXPANDED 14-20	90.32	97.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	188.06
111E	TANF EXPANDED 14-20	219.63	247.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	467.34
111F	TANF EXPANDED 21-44	1,124.14	1,178.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,302.60
111G	TANF EXPANDED 21-44	2,439.17	2,839.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,278.94
111H	TANF EXPANDED 45-64	608.01	613.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,221.31
111J	TANF EXPANDED 65+ M&	2.45	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.45
1126	TANF EXPANDED 21-44	34.64	29.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.86
1127	TANF EXPANDED 21-44	77.31	82.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160.26
1128	TANF EXPANDED 45-64	82.99	83.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	166.95
1129	TANF EXPANDED 65+ M&	29.80	33.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.12
112F	TANF EXPANDED 21-44	1.34	1.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.11
112G	TANF EXPANDED 21-44	1.66	1.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.45
112H	TANF EXPANDED 45-64	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03

LONG TERM CARE CAPITATION - AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	1,091,024.00	1,157,986.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,249,010.74
101Z	TANF ALTCS NON-MEDIC	-908.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-908.72
1020	TANF WITH QMB	3,237.70	3,237.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,475.40
2100	SSI AGED WITH MEDICA	26,965,751.97	25,923,715.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,889,467.78
210Z	SSI AGED WITH MEDICA	490,861.65	608,269.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,099,130.80
2110	SSI AGED NON-MEDICAR	2,076,186.42	1,963,548.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,039,735.09
211Z	SSI AGED NON-MEDICAR	10,484.92	11,347.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,832.44
2120	SSI AGED WITH QMB	16,309,816.31	15,440,439.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,750,255.57
212Z	SSI AGED WITH QMB PP	5,133.12	9,001.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,134.97
2200	SSI DISABLED WITH ME	9,364,644.57	9,137,101.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,501,746.42
220Z	SSI DISABLED WITH ME	49,934.74	75,036.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124,971.54
2210	SSI DISABLED NON-MED	64,933,141.65	64,392,074.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129,325,215.88
221Z	SSI DISABLED NON-MED	32,312.42	24,924.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,237.37
2220	SSI DISABLED WITH QM	15,680,753.98	15,331,678.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,012,432.19
222Z	SSI DISABLED WITH QM	4,140.74	21.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,162.53
2300	SSI BLIND WITH MEDIC	56,479.96	58,701.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115,181.61
2310	SSI BLIND NON-MEDICA	405,518.71	408,819.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	814,338.22
2320	SSI BLIND WITH QMB	125,817.96	120,149.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245,967.08
SUBTOTAL:		137,604,332.10	134,666,054.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	272,270,386.91
8700	SSI DISABLED FREEDOM	41,712.77	40,612.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82,325.40
8710	SSI DISABLED FREEDOM	46,798.17	45,894.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,692.17
8720	SSI DISABLED FREEDOM	8,253.73	8,732.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,986.48
SUBTOTAL:		96,764.67	95,239.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	192,004.05
TOTAL:		137,701,096.77	134,761,294.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	272,462,390.96

LONG TERM CARE MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	331.64	352.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	683.82
101Z	TANF ALTCS NON-MEDIC	-0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.80
1020	TANF WITH QMB	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
2100	SSI AGED WITH MEDICA	9,711.99	9,818.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,530.21
210Z	SSI AGED WITH MEDICA	531.26	656.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,188.24
2110	SSI AGED NON-MEDICAR	439.66	438.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	878.17
211Z	SSI AGED NON-MEDICAR	12.19	11.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23.73
2120	SSI AGED WITH QMB	6,333.37	6,339.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,673.24
212Z	SSI AGED WITH QMB PP	5.85	8.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.79
2200	SSI DISABLED WITH ME	3,180.70	3,209.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,390.26
220Z	SSI DISABLED WITH ME	54.58	79.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133.74
2210	SSI DISABLED NON-MED	18,227.92	18,300.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,528.86
221Z	SSI DISABLED NON-MED	33.06	26.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59.61
2220	SSI DISABLED WITH QM	5,190.26	5,221.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,411.89
222Z	SSI DISABLED WITH QM	4.22	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.39
2300	SSI BLIND WITH MEDIC	21.00	20.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.12
2310	SSI BLIND NON-MEDICA	115.96	117.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233.26
2320	SSI BLIND WITH QMB	45.74	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.74
SUBTOTAL:		44,239.60	44,647.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88,887.27
8700	SSI DISABLED FREEDOM	15.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.00
8710	SSI DISABLED FREEDOM	10.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00
8720	SSI DISABLED FREEDOM	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
SUBTOTAL:		28.00	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
TOTAL:		44,267.60	44,675.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88,943.27

MENTAL HEALTH CAPITATION AMOUNTS - CHILDREN

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	42.83	85.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128.49
1010	TANF NON-MEDICARE	8,566,299.81	8,656,885.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,223,185.07
2110	SSI AGED NON-MEDICAR	85.66	85.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	171.32
2200	SSI DISABLED WITH ME	214.15	214.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	428.30
2210	SSI DISABLED NON-MED	586,385.53	585,957.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,172,342.76
2220	SSI DISABLED WITH QM	599.62	599.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,199.24
2310	SSI BLIND NON-MEDICA	2,741.12	2,698.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,439.41
4300	SOBRA CHILD WITH MED	85.66	85.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	171.32
4310	SOBRA CHILD NON-MEDI	9,297,964.70	9,315,353.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,613,318.38
5010	SOBRA PREGNANT WOMAN	38,332.85	39,617.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77,950.60
SUBTOTAL:		18,492,751.93	18,601,582.96	0.00	37,094,334.89									
1110	TANF EXPANDED FOR FI	216,034.52	220,231.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	436,266.38
SUBTOTAL:		216,034.52	220,231.86	0.00	436,266.38									
3410	MED ELIGIBILITY NON-	38,332.85	37,861.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76,194.57
3610	AHC CARE EXPANDED FO	171.32	85.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	256.98
SUBTOTAL:		38,504.17	37,947.38	0.00	76,451.55									
TOTAL:		18,747,290.62	18,859,762.20	0.00	37,607,052.82									

MENTAL HEALTH CAPITATION MEMBER MONTHS - CHILDREN

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	1.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
1010	TANF NON-MEDICARE	200,007.00	202,122.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	402,129.00
2110	SSI AGED NON-MEDICAR	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
2200	SSI DISABLED WITH ME	5.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
2210	SSI DISABLED NON-MED	13,691.00	13,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,372.00
2220	SSI DISABLED WITH QM	14.00	14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.00
2310	SSI BLIND NON-MEDICA	64.00	63.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127.00
4300	SOBRA CHILD WITH MED	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
4310	SOBRA CHILD NON-MEDI	217,090.00	217,496.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	434,586.00
5010	SOBRA PREGNANT WOMAN	895.00	925.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,820.00
SUBTOTAL:		431,771.00	434,312.00	0.00	866,083.00									
1110	TANF EXPANDED FOR FI	5,044.00	5,142.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,186.00
SUBTOTAL:		5,044.00	5,142.00	0.00	10,186.00									
3410	MED ELIGIBILITY NON-	895.00	884.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,779.00
3610	AHC CARE EXPANDED FO	4.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
SUBTOTAL:		899.00	886.00	0.00	1,785.00									
TOTAL:		437,714.00	440,340.00	0.00	878,054.00									

MENTAL HEALTH CAPITATION AMOUNTS - ADULT

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3620	AHC CARE EXPANDED FO	1,015.30	1,015.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,030.60
	SUBTOTAL:	5,956,062.20	6,074,227.50	0.00	12,030,289.70									
4510	BC PATIENT FOR FINAN	7,653.80	8,122.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,776.20
4610	CC PATIENT FOR FINAN	2,264.90	2,421.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,686.00
	SUBTOTAL:	9,918.70	10,543.50	0.00	20,462.20									
8700	SSI DISABLED FREEDOM	60,058.90	55,685.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115,744.20
8710	SSI DISABLED FREEDOM	10,699.70	10,231.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,930.80
8720	SSI DISABLED FREEDOM	9,996.80	9,606.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,603.10
	SUBTOTAL:	80,755.40	75,522.70	0.00	156,278.10									
2000	TMCP SSI DISABLED WI	1,926.10	350.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,276.30
2010	TMCP SSI DISABLED NO	75,818.30	78,795.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	154,613.30
	SUBTOTAL:	77,744.40	79,145.20	0.00	156,889.60									
	TOTAL:	31,167,480.00	31,432,780.70	0.00	62,600,260.70									

MENTAL HEALTH CAPITATION MEMBER MONTHS - ADULT

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3620	AHC CARE EXPANDED FO	13.00	13.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00
	SUBTOTAL:	76,262.00	77,775.00	0.00	154,037.00									
4510	BC PATIENT FOR FINAN	98.00	104.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	202.00
4610	CC PATIENT FOR FINAN	29.00	31.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00
	SUBTOTAL:	127.00	135.00	0.00	262.00									
8700	SSI DISABLED FREEDOM	769.00	713.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,482.00
8710	SSI DISABLED FREEDOM	137.00	131.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	268.00
8720	SSI DISABLED FREEDOM	128.00	123.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	251.00
	SUBTOTAL:	1,034.00	967.00	0.00	2,001.00									
2000	TMCP SSI DISABLED WI	11.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.00
2010	TMCP SSI DISABLED NO	433.00	450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	883.00
	SUBTOTAL:	444.00	452.00	0.00	896.00									
	TOTAL:	398,520.00	401,907.00	0.00	800,427.00									

MENTAL HEALTH CAPITATION AMOUNTS - GENERAL

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3620	AHC CARE EXPANDED FO	517.92	517.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,035.84
	SUBTOTAL:	3,038,278.08	3,098,556.00	0.00	6,136,834.08									
4510	BC PATIENT FOR FINAN	3,904.32	4,143.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,047.68
4610	CC PATIENT FOR FINAN	1,155.36	1,235.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,390.40
	SUBTOTAL:	5,059.68	5,378.40	0.00	10,438.08									
8700	SSI DISABLED FREEDOM	30,636.96	28,405.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,042.88
8710	SSI DISABLED FREEDOM	5,458.08	5,219.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,677.12
8720	SSI DISABLED FREEDOM	5,099.52	4,900.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,999.84
	SUBTOTAL:	41,194.56	38,525.28	0.00	79,719.84									
	TOTAL:	15,859,347.84	15,993,967.20	0.00	31,853,315.04									

MENTAL HEALTH CAPITATION MEMBER MONTHS - GENERAL

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	671.00	658.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,329.00
1010	TANF NON-MEDICARE	92,263.00	93,447.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	185,710.00
1020	TANF WITH QMB	37.00	38.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
2100	SSI AGED WITH MEDICA	3,858.00	3,852.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,710.00
2110	SSI AGED NON-MEDICAR	3,376.00	3,451.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,827.00
2120	SSI AGED WITH QMB	14,999.00	14,956.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,955.00
2200	SSI DISABLED WITH ME	2,955.00	3,038.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,993.00
2210	SSI DISABLED NON-MED	39,186.00	39,121.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78,307.00
2220	SSI DISABLED WITH QM	22,574.00	22,494.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,068.00
2300	SSI BLIND WITH MEDIC	42.00	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.00
2310	SSI BLIND NON-MEDICA	370.00	366.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	736.00
2320	SSI BLIND WITH QMB	243.00	242.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	485.00
4310	SOBRA CHILD NON-MEDI	10,189.00	10,211.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,400.00
5000	SOBRA PREGNANT WOMAN	48.00	44.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92.00
5010	SOBRA PREGNANT WOMAN	11,866.00	11,961.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,827.00
5020	SOBRA PREGNANT WOMAN	4.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00
SUBTOTAL:		202,681.00	203,925.00	0.00	406,606.00									
1100	TANF EXPANDED FPR FI	3,423.00	3,373.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,796.00
1110	TANF EXPANDED FOR FI	59,052.00	59,340.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	118,392.00
1120	TANF EXPANDED FOR FI	241.00	251.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	492.00
2400	SSI AGED EXPANDED WI	63.00	54.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117.00
2410	SSI AGED EXPANDED NO	1,042.00	1,154.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,196.00
2420	SSI AGED EXPANDED WI	15,681.00	15,814.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,495.00
2520	SSI BLIND EXPANDED W	19.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00
2600	SSI DISABLED EXPANDE	52.00	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	120.00
2610	SSI DISABLED EXPANDE	346.00	331.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	677.00
2620	SSI DISABLED EXPANDE	5,408.00	5,383.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,791.00
SUBTOTAL:		85,327.00	85,788.00	0.00	171,115.00									
3300	AHC CARE EXPANDED FO	568.00	575.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,143.00
3310	AHC CARE EXPANDED FO	32,050.00	32,263.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64,313.00
3320	AHC CARE EXPANDED FO	27.00	27.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54.00
SUBTOTAL:		32,645.00	32,865.00	0.00	65,510.00									
3400	MED ELIGIBILITY W/ M	317.00	284.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	601.00
3410	MED ELIGIBILITY NON-	2,832.00	2,849.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,681.00
3420	MED ELIGIBILITY W/ Q	5.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
3600	AHC CARE EXPANDED FO	305.00	299.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	604.00
3610	AHC CARE EXPANDED FO	72,790.00	74,325.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	147,115.00

MENTAL HEALTH CAPITATION MEMBER MONTHS - GENERAL

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3620	AHC CARE EXPANDED FO	13.00	13.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26.00
	SUBTOTAL:	76,262.00	77,775.00	0.00	154,037.00									
4510	BC PATIENT FOR FINAN	98.00	104.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	202.00
4610	CC PATIENT FOR FINAN	29.00	31.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00
	SUBTOTAL:	127.00	135.00	0.00	262.00									
8700	SSI DISABLED FREEDOM	769.00	713.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,482.00
8710	SSI DISABLED FREEDOM	137.00	131.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	268.00
8720	SSI DISABLED FREEDOM	128.00	123.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	251.00
	SUBTOTAL:	1,034.00	967.00	0.00	2,001.00									
	TOTAL:	398,076.00	401,455.00	0.00	799,531.00									

MENTAL HEALTH CAPITATION AMOUNTS - CMDP

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	1,044.27	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,088.54
1010	TANF NON-MEDICARE	2,990,789.28	3,007,497.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,998,286.88
2210	SSI DISABLED NON-MED	329,989.32	331,033.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	661,022.91
2220	SSI DISABLED WITH QM	1,044.27	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,088.54
4310	SOBRA CHILD NON-MEDI	6,538,174.47	6,383,622.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,921,796.98
5010	SOBRA PREGNANT WOMAN	19,841.13	17,752.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,593.72
SUBTOTAL:		9,880,882.74	9,741,994.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,622,877.57
1110	TANF EXPANDED FOR FI	1,044.27	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,088.54
SUBTOTAL:		1,044.27	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,088.54
3310	AHC CARE EXPANDED FO	0.00	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,044.27
SUBTOTAL:		0.00	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,044.27
3610	AHC CARE EXPANDED FO	1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,044.27
SUBTOTAL:		1,044.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,044.27
TOTAL:		9,882,971.28	9,744,083.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,627,054.65

MENTAL HEALTH CAPITATION MEMBER MONTHS - CMDP

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
1010	TANF NON-MEDICARE	2,871.00	2,884.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,755.00
2210	SSI DISABLED NON-MED	324.00	327.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	651.00
2220	SSI DISABLED WITH QM	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
4310	SOBRA CHILD NON-MEDI	6,266.00	6,118.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,384.00
5010	SOBRA PREGNANT WOMAN	19.00	17.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.00
SUBTOTAL:		9,482.00	9,348.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,830.00
1110	TANF EXPANDED FOR FI	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
3310	AHC CARE EXPANDED FO	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
3610	AHC CARE EXPANDED FO	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
TOTAL:		9,485.00	9,351.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,836.00

CHILDREN'S REHABILITATIVE SERVICES - CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	47,442.05	48,798.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96,240.30
1011	TANF <1 M & F NON-ME	48,494.27	47,466.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95,960.67
1012	TANF 01-05 M & F NON	392,163.09	412,327.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	804,490.47
1013	TANF 06-13 M & F NON	378,212.18	372,601.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	750,814.04
1014	TANF 14-20 MALE NON-	66,407.33	64,682.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131,089.95
1015	TANF 14-20 FEMALE NO	85,369.15	82,204.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	167,573.60
2110	SSI AGED NON-MEDICAR	180.47	180.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	360.94
2200	SSI DISABLED WITH ME	2,171.79	2,004.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,176.24
2210	SSI DISABLED NON-MED	2,735,941.57	2,672,571.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,408,512.94
2220	SSI DISABLED WITH QM	6,394.87	6,217.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,612.49
2310	SSI BLIND NON-MEDICA	21,690.06	22,162.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,852.96
4305	SOBRA CHILD 14-20 FE	180.47	180.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	360.94
4311	SOBRA CHILD <1 M & F	135,924.39	132,151.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	268,075.97
4312	SOBRA CHILD 01-05 M	524,407.01	524,522.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,048,929.82
4313	SOBRA CHILD 06-13 M	362,643.54	348,574.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	711,218.09
4314	SOBRA CHILD 14-20 MA	76,875.21	73,247.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150,122.92
4315	SOBRA CHILD 14-20 FE	86,309.72	81,817.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168,127.31
5015	SOBRA PREG 14-20 FEM	6,917.33	5,012.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,929.57
SUBTOTAL:		4,977,724.50	4,896,724.72	0.00	9,874,449.22									
1112	TANF EXPANDED 01-05	11,499.21	8,701.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,200.53
1113	TANF EXPANDED 06-13	9,669.50	10,643.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,313.20
1114	TANF EXPANDED 14-20	6,565.74	4,431.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,997.15
1115	TANF EXPANDED 14-20	5,631.51	5,502.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,134.47
2410	SSI AGED EXPANDED NO	484.17	824.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,309.08
SUBTOTAL:		33,850.13	30,104.30	0.00	63,954.43									
3314	AHC CARE MALE 14-20	6,372.81	5,645.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,018.13
3315	AHC CARE FEMALE 14-2	7,454.06	5,381.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,835.70
3316	AHC CARE MALE 21-44	982.23	-4,879.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3,897.18
3317	AHC CARE FEMALE 21-4	335.13	-1,675.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,340.52
SUBTOTAL:		15,144.23	4,471.90	0.00	19,616.13									
3410	MED ELIGIBILITY NON-	4,400.73	5,379.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,780.33
3614	AHC CARE/MI MALE 14-	17,938.46	17,906.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35,845.13
3615	AHC CARE/MI FEMALE 1	15,885.16	16,504.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,389.60
3616	AHC CARE/MI MALE 21-	-80.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-80.54
3617	AHC CARE/MI FEMALE 2	0.00	-335.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-335.13
SUBTOTAL:		38,143.81	39,455.58	0.00	77,599.39									

CHILDREN'S REHABILITATIVE SERVICES - CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
TOTAL:		5,064,862.67	4,970,756.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,035,619.17

CHILDREN'S REHABILITATIVE SERVICES - CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
TOTAL:		16,075.48	15,799.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,874.90

ACUTE FEE FOR SERVICE - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3420	MED ELIGIBILITY W/ Q	131.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131.15
3606	AHC CARE/MI MALE 21-	4,954.53	4,186.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,141.51
3607	AHC CARE/MI FEMALE 2	18,152.38	6,184.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,336.90
3608	AHC CARE/MI M&F 45-6	24,146.72	20,153.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,300.02
3609	AHC CARE/MI M&F 65+	1,274.05	2,472.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,746.18
3614	AHC CARE/MI MALE 14-	215,708.53	196,021.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	411,730.46
3615	AHC CARE/MI FEMALE 1	263,514.68	251,862.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515,377.53
3616	AHC CARE/MI MALE 21-	2,334,506.77	2,513,372.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,847,879.59
3617	AHC CARE/MI FEMALE 2	1,530,686.56	1,444,422.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,975,108.79
3618	AHC CARE/MI M&F 45-6	3,309,473.50	2,906,705.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,216,178.69
3619	AHC CARE/MI M&F 65+	0.00	512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	512.00
3627	AHC CARE/MI FEMALE 2	57.20	22.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.48
SUBTOTAL:		8,593,460.26	8,262,056.27	0.00	16,855,516.53									
4517	BC PATIENT FEMALE 21	484.00	112.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	596.00
4518	BC PATIENT FEMALE 45	768.00	2,672.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,440.00
4615	CC PATIENT FEMALE 14	0.00	62.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.29
4617	CC PATIENT FEMALE 21	19,502.07	12,989.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,491.43
4618	CC PATIENT FEMALE 45	49.04	56.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105.04
SUBTOTAL:		20,803.11	15,891.65	0.00	36,694.76									
8700	SSI DISABLED FREEDOM	690.33	38.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	728.93
8710	SSI DISABLED FREEDOM	1,764.00	1,820.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,584.00
SUBTOTAL:		2,454.33	1,858.60	0.00	4,312.93									
2010	TMCP SSI DISABLED NO	1,061.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,061.10
SUBTOTAL:		1,061.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,061.10
TOTAL:		37,938,929.51	36,332,495.48	0.00	74,271,424.99									

FAMILY PLANNING SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
5500	SOBRA FPS FEMALE WIT	282.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	282.44
5510	SOBRA FPS FEMALE WIT	8,016.21	6,787.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,804.18
SUBTOTAL:		8,298.65	6,787.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,086.62
TOTAL:		8,298.65	6,787.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,086.62

FEDERAL EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	68.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.90
1007	TANF 21-44 FEMALE WI	95.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.80
1011	TANF <1 M & F NON-ME	1,625.56	538.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,163.74
1012	TANF 01-05 M & F NON	53,363.89	52,965.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	106,329.51
1013	TANF 06-13 M & F NON	437,631.51	459,634.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	897,265.93
1014	TANF 14-20 MALE NON-	282,902.06	209,077.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	491,979.61
1015	TANF 14-20 FEMALE NO	1,751,542.10	1,924,759.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,676,301.52
1016	TANF 21-44 MALE NON-	219,159.53	133,798.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	352,958.52
1017	TANF 21-44 FEMALE NO	7,325,019.54	7,371,696.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,696,716.05
1018	TANF 45-64 M & F NON	163,909.30	175,577.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	339,487.10
1019	TANF 65+ M & F NON-M	921.69	11.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	933.60
2100	SSI AGED WITH MEDICA	-8.72	8,728.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,720.21
2110	SSI AGED NON-MEDICAR	86,115.19	77,228.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	163,344.11
2200	SSI DISABLED WITH ME	18,789.11	7,735.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,524.99
2210	SSI DISABLED NON-MED	328,182.84	236,724.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	564,907.06
SUBTOTAL:		10,669,318.30	10,658,478.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,327,796.65
1106	TANF EXPANDED 21-44	3,365.35	519.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,884.61
1107	TANF EXPANDED 21-44	1,884.02	558.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,442.03
1108	TANF EXPANDED 45-64	622.16	504.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,126.28
1109	TANF EXPANDED 65+ M&	12.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.08
1112	TANF EXPANDED 01-05	605.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	605.48
1113	TANF EXPANDED 06-13	2,090.09	12,302.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,392.35
1114	TANF EXPANDED 14-20	21,488.12	2,554.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,042.19
1115	TANF EXPANDED 14-20	24,737.33	28,986.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	53,723.74
1116	TANF EXPANDED 21-44	254,731.35	429,099.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	683,830.45
1117	TANF EXPANDED 21-44	652,413.18	624,007.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,276,420.54
1118	TANF EXPANDED 45-64	78,521.87	151,570.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230,092.45
1119	TANF EXPANDED 65+ M&	551.71	1,566.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,118.16
2400	SSI AGED EXPANDED WI	9,694.11	10,981.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,675.11
2410	SSI AGED EXPANDED NO	426,730.52	552,340.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	979,070.69
2600	SSI DISABLED EXPANDE	14,389.72	10,216.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,606.27
2610	SSI DISABLED EXPANDE	708,169.69	814,802.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,522,972.47
SUBTOTAL:		2,200,006.78	2,640,008.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,840,014.90
TOTAL:		12,869,325.08	13,298,486.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,167,811.55

FEDERAL ESP CHRONIC SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2210	SSI DISABLED NON-MED	2,584.06	184.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,768.57
	SUBTOTAL:		2,584.06	184.51	0.00	2,768.57								
1117	TANF EXPANDED 21-44	-387.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-387.84
2610	SSI DISABLED EXPANDE	0.00	-34.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-34.40
	SUBTOTAL:		-387.84	-34.40	0.00	-422.24								
	TOTAL:		2,196.22	150.11	0.00	2,346.33								

QMB - FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	136,817.69	109,063.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245,881.16
	SUBTOTAL:	136,817.69	109,063.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245,881.16
	TOTAL:	136,817.69	109,063.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245,881.16

INPATIENT INMATES FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2110	SSI AGED NON-MEDICAR	302.57	33,362.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,665.49
2210	SSI DISABLED NON-MED	0.00	-210.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-210.06
5017	SOBRA PREG 21-44 FEM	166.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	166.00
SUBTOTAL:		468.57	33,152.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,621.43
3608	AHC CARE/MI M&F 45-6	952.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	952.00
3616	AHC CARE/MI MALE 21-	4,292.72	10,603.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,895.99
3617	AHC CARE/MI FEMALE 2	4,954.23	1,000.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,954.73
3618	AHC CARE/MI M&F 45-6	1,576.65	116.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,693.00
SUBTOTAL:		11,775.60	11,720.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,495.72
TOTAL:		12,244.17	44,872.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,117.15

MARICOPA COUNTY INMATES FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1016	TANF 21-44 MALE NON-	314.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	314.25
1017	TANF 21-44 FEMALE NO	0.00	1,911.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,911.47
2200	SSI DISABLED WITH ME	10,031.56	35,336.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45,368.37
2210	SSI DISABLED NON-MED	-20,321.93	59,839.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,517.76
2220	SSI DISABLED WITH QM	333.85	-17,628.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-17,294.58
4314	SOBRA CHILD 14-20 MA	0.00	823.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	823.73
5015	SOBRA PREG 14-20 FEM	0.00	88.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88.26
5017	SOBRA PREG 21-44 FEM	1,671.37	3,291.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,963.19
SUBTOTAL:		-7,970.90	83,663.35	0.00	75,692.45									
1116	TANF EXPANDED 21-44	1,086.27	13,745.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,832.07
2420	SSI AGED EXPANDED WI	4,281.55	5,818.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,099.68
SUBTOTAL:		5,367.82	19,563.93	0.00	24,931.75									
3608	AHC CARE/MI M&F 45-6	9.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.48
3614	AHC CARE/MI MALE 14-	0.00	3,084.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,084.06
3616	AHC CARE/MI MALE 21-	6,150.11	30,890.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,040.41
3617	AHC CARE/MI FEMALE 2	82,040.52	73.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82,114.38
3618	AHC CARE/MI M&F 45-6	49,921.64	26,884.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76,806.50
SUBTOTAL:		138,121.75	60,933.08	0.00	199,054.83									
TOTAL:		135,518.67	164,160.36	0.00	299,679.03									

PIMA COUNTY INMATES FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1017	TANF 21-44 FEMALE NO	51.50	1,084.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,136.16
2110	SSI AGED NON-MEDICAR	5,596.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,596.74
2210	SSI DISABLED NON-MED	1,528.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,528.52
SUBTOTAL:		7,176.76	1,084.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,261.42
1108	TANF EXPANDED 45-64	0.00	914.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	914.96
SUBTOTAL:		0.00	914.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	914.96
3616	AHC CARE/MI MALE 21-	10,718.70	21,604.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,323.00
3617	AHC CARE/MI FEMALE 2	157.30	3,223.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,380.98
3618	AHC CARE/MI M&F 45-6	16,243.98	2,375.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,619.32
SUBTOTAL:		27,119.98	27,203.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,323.30
TOTAL:		34,296.74	29,202.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63,499.68

PINAL COUNTY INMATES FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2210	SSI DISABLED NON-MED	2,210.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,210.37
4315	SOBRA CHILD 14-20 FE	2,210.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,210.37
SUBTOTAL:		4,420.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,420.74
3618	AHC CARE/MI M&F 45-6	0.00	764.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	764.38
SUBTOTAL:		0.00	764.38	0.00	764.38									
TOTAL:		4,420.74	764.38	0.00	5,185.12									

LONG TERM CARE FEE FOR SERVICE - EPD AND DES DD

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	256.00	284.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	540.00
2100	SSI AGED WITH MEDICA	2,078,306.18	1,571,670.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,649,976.44
2110	SSI AGED NON-MEDICAR	305,063.89	363,354.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668,418.82
2120	SSI AGED WITH QMB	2,896,095.99	2,450,795.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,346,891.13
2200	SSI DISABLED WITH ME	372,191.20	224,670.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	596,861.62
2210	SSI DISABLED NON-MED	2,163,298.12	2,281,609.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,444,907.28
2220	SSI DISABLED WITH QM	723,284.38	592,340.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,315,625.37
2300	SSI BLIND WITH MEDIC	8,051.07	3,548.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,599.35
2310	SSI BLIND NON-MEDICA	9,521.06	11,300.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,821.46
2320	SSI BLIND WITH QMB	20,813.04	18,642.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39,455.11
SUBTOTAL:		8,576,880.93	7,518,215.65	0.00	16,095,096.58									
TOTAL:		8,576,880.93	7,518,215.65	0.00	16,095,096.58									

ACUTE FEE FOR SERVICE MEDICAID IN PUBLIC SCHOOLS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1012	TANF 01-05 M & F NON	80,852.58	93,721.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	174,573.93
1013	TANF 06-13 M & F NON	256,663.47	225,908.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	482,572.31
1014	TANF 14-20 MALE NON-	29,876.05	17,562.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,438.76
1015	TANF 14-20 FEMALE NO	13,353.11	7,857.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,210.59
2200	SSI DISABLED WITH ME	478.62	426.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	905.17
2210	SSI DISABLED NON-MED	585,359.85	377,317.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	962,677.55
2220	SSI DISABLED WITH QM	202.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	202.16
2310	SSI BLIND NON-MEDICA	2,599.11	1,707.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,306.91
4312	SOBRA CHILD 01-05 M	79,857.96	98,347.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178,205.67
4313	SOBRA CHILD 06-13 M	191,259.61	196,324.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387,583.62
4314	SOBRA CHILD 14-20 MA	31,507.20	10,325.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,832.62
4315	SOBRA CHILD 14-20 FE	10,277.17	3,356.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,633.28
5015	SOBRA PREG 14-20 FEM	148.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	148.68
5510	SOBRA FPS FEMALE WIT	0.00	66.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66.08
SUBTOTAL:		1,282,435.57	1,032,921.76	0.00	2,315,357.33									
1112	TANF EXPANDED 01-05	436.39	63.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.21
1113	TANF EXPANDED 06-13	8,653.39	7,761.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,415.05
1114	TANF EXPANDED 14-20	889.68	502.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,392.23
1115	TANF EXPANDED 14-20	149.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	149.72
SUBTOTAL:		10,129.18	8,328.03	0.00	18,457.21									
3314	AHC CARE MALE 14-20	943.35	688.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,632.31
SUBTOTAL:		943.35	688.96	0.00	1,632.31									
3410	MED ELIGIBILITY NON-	1,064.94	580.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,645.18
3614	AHC CARE/MI MALE 14-	1,784.48	408.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,192.77
3615	AHC CARE/MI FEMALE 1	333.02	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	354.02
SUBTOTAL:		3,182.44	1,009.53	0.00	4,191.97									
TOTAL:		1,296,690.54	1,042,948.28	0.00	2,339,638.82									

LONG TERM CARE FEE FOR SERVICE MEDICAID IN PUBLIC SCHOOLS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	42,354.15	26,487.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68,841.39
2200	SSI DISABLED WITH ME	4,117.68	4,481.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,598.92
2210	SSI DISABLED NON-MED	2,058,568.54	1,172,539.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,231,108.51
2220	SSI DISABLED WITH QM	7,816.07	3,978.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,794.21
2310	SSI BLIND NON-MEDICA	25,696.34	2,074.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,770.60
SUBTOTAL:		2,138,552.78	1,209,560.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,348,113.63
TOTAL:		2,138,552.78	1,209,560.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,348,113.63

RX-AMERICA PART D COPAY - ACUTE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
99RX	RX-AMERICA PART D CO	180,334.61	196,458.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376,793.54
	SUBTOTAL:	180,334.61	196,458.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376,793.54
	TOTAL:	180,334.61	196,458.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376,793.54

RX-AMERICA PART D COPAY - LTC DD

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
99RX	RX-AMERICA PART D CO	8,563.32	9,449.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,012.47
	SUBTOTAL:	8,563.32	9,449.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,012.47
	TOTAL:	8,563.32	9,449.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,012.47

RX-AMERICA PART D COPAY - LTC EPD

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
99RX	RX-AMERICA PART D CO	62,951.30	69,637.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,588.78
	SUBTOTAL:	62,951.30	69,637.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,588.78
	TOTAL:	62,951.30	69,637.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	132,588.78

ACUTE REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1011	TANF <1 M & F NON-ME	950,808.97	457,950.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,408,759.91
1012	TANF 01-05 M & F NON	150,035.34	79,270.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	229,305.40
1013	TANF 06-13 M & F NON	275,195.79	172,466.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	447,662.08
1014	TANF 14-20 MALE NON-	21,986.61	65,869.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87,855.91
1015	TANF 14-20 FEMALE NO	26,009.18	89,123.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115,132.78
1016	TANF 21-44 MALE NON-	148,287.02	131,812.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	280,099.73
1017	TANF 21-44 FEMALE NO	390,206.33	126,310.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	516,516.76
1018	TANF 45-64 M & F NON	195,607.30	68,168.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	263,775.97
2100	SSI AGED WITH MEDICA	126,044.39	133,419.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	259,463.62
2110	SSI AGED NON-MEDICAR	180,957.73	51,464.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	232,422.68
2200	SSI DISABLED WITH ME	290,661.70	-51,772.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	238,889.03
2210	SSI DISABLED NON-MED	6,646,248.78	4,598,095.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,244,344.22
2310	SSI BLIND NON-MEDICA	12,613.75	-315.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,298.10
4311	SOBRA CHILD <1 M & F	2,584,160.58	821,078.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,405,239.04
4312	SOBRA CHILD 01-05 M	534,255.11	166,395.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	700,650.85
4313	SOBRA CHILD 06-13 M	32,547.11	198,502.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	231,049.39
4314	SOBRA CHILD 14-20 MA	179,893.87	-23,351.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	156,542.21
4315	SOBRA CHILD 14-20 FE	46,087.89	8,634.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,722.44
5015	SOBRA PREG 14-20 FEM	23,313.55	7,278.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,591.88
5017	SOBRA PREG 21-44 FEM	112,206.76	88,351.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200,557.90
SUBTOTAL:		12,927,127.76	7,188,752.14	0.00	20,115,879.90									
1107	TANF EXPANDED 21-44	113.15	7,760.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,874.11
1112	TANF EXPANDED 01-05	-29,235.12	30,757.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,522.52
1113	TANF EXPANDED 06-13	1,594.86	11,162.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,757.66
1114	TANF EXPANDED 14-20	11,140.25	2,751.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,892.20
1116	TANF EXPANDED 21-44	1,535.49	-77,099.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-75,564.32
1117	TANF EXPANDED 21-44	136,698.89	26,913.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	163,612.79
1118	TANF EXPANDED 45-64	81,496.93	20,684.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	102,181.57
2410	SSI AGED EXPANDED NO	196,429.36	228,288.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	424,718.31
2600	SSI DISABLED EXPANDE	6,688.75	931.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,620.73
2610	SSI DISABLED EXPANDE	104,357.66	11,675.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	116,033.57
SUBTOTAL:		510,820.22	263,828.92	0.00	774,649.14									
3308	AHC CARE M&F 45-64 W	-1,442.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,442.48
3314	AHC CARE MALE 14-20	1,505.97	237.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,743.07
3315	AHC CARE FEMALE 14-2	23,059.26	7,913.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,972.32
3316	AHC CARE MALE 21-44	176,405.39	227,431.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	403,837.25
3317	AHC CARE FEMALE 21-4	134,125.59	35,957.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	170,083.21

ACUTE REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3318	AHC CARE M&F 45-64 N	1,330,054.80	467,565.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,797,620.14
3319	AHC CARE M&F 65+ NO	0.00	4,385.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,385.92
SUBTOTAL:		1,663,708.53	743,490.90	0.00	2,407,199.43									
3400	MED ELIGIBILITY W/ M	56,638.24	829.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,467.57
3410	MED ELIGIBILITY NON-	1,828,809.15	717,481.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,546,290.38
3606	AHC CARE/MI MALE 21-	6.46	-2,869.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2,863.02
3608	AHC CARE/MI M&F 45-6	34,440.44	-9,496.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,944.02
3614	AHC CARE/MI MALE 14-	161,376.50	67,741.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	229,118.27
3615	AHC CARE/MI FEMALE 1	15,494.94	36,707.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52,202.92
3616	AHC CARE/MI MALE 21-	2,368,791.37	880,242.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,249,033.73
3617	AHC CARE/MI FEMALE 2	723,536.61	229,660.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	953,197.02
3618	AHC CARE/MI M&F 45-6	3,392,272.33	1,434,851.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,827,124.30
3619	AHC CARE/MI M&F 65+	1,286.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,286.18
SUBTOTAL:		8,582,652.22	3,355,149.15	0.00	11,937,801.37									
8700	SSI DISABLED FREEDOM	16.31	11.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.69
8710	SSI DISABLED FREEDOM	0.00	8,032.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,032.82
SUBTOTAL:		16.31	8,044.20	0.00	8,060.51									
TOTAL:		23,684,325.04	11,559,265.31	0.00	35,243,590.35									

LONG TERM CARE REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	0.00	131.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131.41
2100	SSI AGED WITH MEDICA	628,593.32	826,698.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,455,291.60
2110	SSI AGED NON-MEDICAR	260,754.75	95,940.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356,695.08
2200	SSI DISABLED WITH ME	1,357,536.44	1,137,472.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,495,009.15
2210	SSI DISABLED NON-MED	6,657,318.32	1,916,449.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,573,768.23
2300	SSI BLIND WITH MEDIC	120.43	6,915.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,035.83
2310	SSI BLIND NON-MEDICA	5,575.82	107.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,682.87
SUBTOTAL:		8,909,899.08	3,983,715.09	0.00	12,893,614.17									
TOTAL:		8,909,899.08	3,983,715.09	0.00	12,893,614.17									

ACUTE SMIB

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1000	TANF WITH MEDICARE	57,847.20	58,037.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115,884.70
1010	TANF NON-MEDICARE	1,362.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,362.50
1020	TANF WITH QMB	3,361.80	3,269.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,631.60
2100	SSI AGED WITH MEDICA	35,106.50	31,391.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,497.70
2110	SSI AGED NON-MEDICAR	363,948.60	356,611.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	720,560.10
2120	SSI AGED WITH QMB	1,387,931.90	1,395,912.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,783,844.70
2200	SSI DISABLED WITH ME	109,917.70	95,817.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	205,734.80
2210	SSI DISABLED NON-MED	333,361.80	385,183.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	718,545.00
2220	SSI DISABLED WITH QM	2,074,631.60	2,075,009.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,149,640.70
2300	SSI BLIND WITH MEDIC	748.00	654.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,402.50
2310	SSI BLIND NON-MEDICA	14,332.70	5,910.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,243.10
2320	SSI BLIND WITH QMB	22,418.10	22,414.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,832.90
4300	SOBRA CHILD WITH MED	93.50	93.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187.00
5000	SOBRA PREGNANT WOMAN	2,617.40	1,776.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,393.90
5020	SOBRA PREGNANT WOMAN	280.50	374.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	654.50
8000	SMIB ONLY NOT ELIGIB	1,215.20	1,682.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,897.90
8020	QMB ONLY	273,233.60	279,275.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	552,508.90
8888	SMIB ONLY NOT ELIGIB	1,468,491.10	1,500,330.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,968,821.50
9999	SMIB ONLY NOT ELIGIB	-12,824.70	-40,516.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-53,341.10
SUBTOTAL:		6,138,075.00	6,173,227.90	0.00	12,311,302.90									
1100	TANF EXPANDED FPR FI	298,031.80	284,152.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	582,184.10
1110	TANF EXPANDED FOR FI	0.00	93.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93.50
1120	TANF EXPANDED FOR FI	22,398.30	21,753.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44,151.60
2400	SSI AGED EXPANDED WI	14,049.50	12,449.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,499.10
2410	SSI AGED EXPANDED NO	467.50	-536.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-68.50
2420	SSI AGED EXPANDED WI	1,469,911.10	1,479,944.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,949,855.40
2520	SSI BLIND EXPANDED W	1,775.60	1,869.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,644.70
2600	SSI DISABLED EXPANDE	7,928.50	8,601.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,529.60
2610	SSI DISABLED EXPANDE	0.00	654.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	654.50
2620	SSI DISABLED EXPANDE	498,161.30	497,889.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	996,050.90
SUBTOTAL:		2,312,723.60	2,306,871.30	0.00	4,619,594.90									
3300	AHC CARE EXPANDED FO	0.30	-2,568.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2,567.70
3310	AHC CARE EXPANDED FO	0.00	187.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187.00
3320	AHC CARE EXPANDED FO	4,093.70	1,496.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,589.70
SUBTOTAL:		4,094.00	-885.00	0.00	3,209.00									
3400	MED ELIGIBILITY W/ M	-935.00	-748.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,683.00
3420	MED ELIGIBILITY W/ Q	93.50	373.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	467.20

ACUTE SMIB

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3600	AHC CARE EXPANDED FO	978.50	2,117.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,095.90
3610	AHC CARE EXPANDED FO	2,858.50	3,963.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,821.60
3620	AHC CARE EXPANDED FO	1,308.70	1,122.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,430.70
SUBTOTAL:		4,304.20	6,828.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,132.40
8700	SSI DISABLED FREEDOM	2,427.50	467.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,895.30
8720	SSI DISABLED FREEDOM	9,717.50	10,557.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,275.10
SUBTOTAL:		12,145.00	11,025.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,170.40
TOTAL:		8,471,341.80	8,497,067.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,968,409.60

ACUTE HIB

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2110	SSI AGED NON-MEDICAR	0.00	410.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	410.00
2120	SSI AGED WITH QMB	150,022.60	142,810.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	292,832.60
2200	SSI DISABLED WITH ME	0.00	-410.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-410.00
2220	SSI DISABLED WITH QM	45,736.00	45,736.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,472.00
2320	SSI BLIND WITH QMB	1,230.00	1,230.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,460.00
8020	QMB ONLY	2,501.00	1,271.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,772.00
9999	SMIB ONLY NOT ELIGIB	656.00	-2,419.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,763.00
SUBTOTAL:		200,145.60	188,628.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	388,773.60
2420	SSI AGED EXPANDED WI	1,681.00	1,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,362.00
SUBTOTAL:		1,681.00	1,681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,362.00
TOTAL:		201,826.60	190,309.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	392,135.60

Q1*For the Period Ending August 31, 2007*

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
9999	SMIB ONLY NOT ELIGIB	990,101.00	968,968.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,959,069.80
	SUBTOTAL:	990,101.00	968,968.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,959,069.80
	TOTAL:	990,101.00	968,968.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,959,069.80

LTC SMIB

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1020	TANF WITH QMB	93.50	93.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	187.00
2100	SSI AGED WITH MEDICA	861,192.10	862,100.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,723,292.30
2110	SSI AGED NON-MEDICAR	77,979.00	83,222.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	161,201.50
2120	SSI AGED WITH QMB	587,639.10	586,879.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,174,518.40
2200	SSI DISABLED WITH ME	284,425.90	289,168.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	573,594.40
2210	SSI DISABLED NON-MED	21,114.00	17,564.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,678.20
2220	SSI DISABLED WITH QM	478,657.50	483,203.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	961,861.40
2300	SSI BLIND WITH MEDIC	1,588.30	1,682.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,270.70
2310	SSI BLIND NON-MEDICA	280.50	280.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	561.00
2320	SSI BLIND WITH QMB	4,485.90	4,299.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,785.10
SUBTOTAL:		2,317,455.80	2,328,494.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,645,950.00
8700	SSI DISABLED FREEDOM	467.20	467.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	934.40
8720	SSI DISABLED FREEDOM	280.50	280.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	561.00
SUBTOTAL:		747.70	747.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,495.40
TOTAL:		2,318,203.50	2,329,241.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,647,445.40

LTC HIB*For the Period Ending August 31, 2007*

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2110	SSI AGED NON-MEDICAR	2,050.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,050.00
2120	SSI AGED WITH QMB	223,821.00	213,688.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	437,509.20
2220	SSI DISABLED WITH QM	12,013.00	9,819.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,832.80
SUBTOTAL:		237,884.00	223,508.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	461,392.00
TOTAL:		237,884.00	223,508.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	461,392.00

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	2,478.23	1,074.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,552.27
1007	TANF 21-44 FEMALE WI	4,631.82	502.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,134.01
1008	TANF 45-64 M & F WIT	2,238.98	1,543.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,782.03
1009	TANF 65+ M & F WITH	550.40	95.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	645.91
1011	TANF <1 M & F NON-ME	930,226.90	897,711.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,827,938.60
1012	TANF 01-05 M & F NON	976,148.33	1,051,704.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,027,852.88
1013	TANF 06-13 M & F NON	914,448.82	1,069,503.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,983,952.66
1014	TANF 14-20 MALE NON-	341,609.77	288,180.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	629,789.86
1015	TANF 14-20 FEMALE NO	689,942.51	896,140.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,586,082.68
1016	TANF 21-44 MALE NON-	452,834.12	416,491.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	869,325.26
1017	TANF 21-44 FEMALE NO	2,783,539.42	2,811,178.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,594,717.89
1018	TANF 45-64 M & F NON	642,133.59	644,562.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,286,696.15
1026	TANF 21-44 MALE WITH	112.34	77.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	189.54
1028	TANF 45-64 M & F WIT	577.88	108.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	685.95
1029	TANF 65+ M & F WITH	82.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	82.12
2100	SSI AGED WITH MEDICA	67,344.39	10,084.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	77,428.72
2110	SSI AGED NON-MEDICAR	47,909.81	30,803.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78,712.86
2120	SSI AGED WITH QMB	353,477.27	49,192.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	402,669.54
2200	SSI DISABLED WITH ME	187,226.90	31,392.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	218,619.35
2210	SSI DISABLED NON-MED	2,816,770.34	3,157,077.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,973,847.63
2220	SSI DISABLED WITH QM	550,241.70	87,337.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	637,579.40
2300	SSI BLIND WITH MEDIC	3,025.54	39.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,064.58
2310	SSI BLIND NON-MEDICA	17,299.23	19,742.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,041.23
2320	SSI BLIND WITH QMB	5,284.23	2,181.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,465.74
4311	SOBRA CHILD <1 M & F	1,072,472.73	1,007,998.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,080,471.44
4312	SOBRA CHILD 01-05 M	590,862.86	650,776.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,241,639.54
4313	SOBRA CHILD 06-13 M	578,839.94	665,133.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,243,973.83
4314	SOBRA CHILD 14-20 MA	336,231.23	330,207.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	666,438.49
4315	SOBRA CHILD 14-20 FE	480,000.37	415,814.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	895,815.01
5007	SOBRA PREG 21-44 FEM	1,333.12	370.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,703.81
5013	SOBRA PREG 09-13 FEM	0.00	-968.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-968.00
5015	SOBRA PREG 14-20 FEM	428,238.21	347,415.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	775,653.82
5017	SOBRA PREG 21-44 FEM	875,425.71	872,427.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,747,853.21
5018	SOBRA PREG 45-64 FEM	740.00	3,142.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,882.00
5510	SOBRA FPS FEMALE WIT	26,473.84	17,437.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,911.11
SUBTOTAL:		16,180,752.65	15,776,478.47	0.00	31,957,231.12									
1106	TANF EXPANDED 21-44	6,592.66	1,342.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,935.37
1107	TANF EXPANDED 21-44	7,581.35	2,898.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,479.84

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1108	TANF EXPANDED 45-64	28,406.87	5,348.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,755.39
1109	TANF EXPANDED 65+ M&	15,760.95	1,559.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,320.65
1111	TANF EXPANDED <1 M&F	1,024.00	4,169.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,193.32
1112	TANF EXPANDED 01-05	8,271.03	9,561.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,832.03
1113	TANF EXPANDED 06-13	18,416.83	19,644.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,061.33
1114	TANF EXPANDED 14-20	15,737.78	17,918.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,656.22
1115	TANF EXPANDED 14-20	49,293.07	38,049.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87,343.03
1116	TANF EXPANDED 21-44	264,143.22	218,159.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	482,302.28
1117	TANF EXPANDED 21-44	724,767.79	750,372.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,475,140.27
1118	TANF EXPANDED 45-64	350,331.87	334,715.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	685,047.42
1119	TANF EXPANDED 65+ M&	1,508.00	2,118.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,626.00
1126	TANF EXPANDED 21-44	223.00	11.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	234.79
1128	TANF EXPANDED 45-64	4,798.46	241.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,040.33
1129	TANF EXPANDED 65+ M&	2,680.87	162.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,843.01
2400	SSI AGED EXPANDED WI	7,515.77	1,965.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,481.69
2410	SSI AGED EXPANDED NO	38,161.84	43,640.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81,802.36
2420	SSI AGED EXPANDED WI	180,618.24	39,790.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220,408.46
2520	SSI BLIND EXPANDED W	1,582.82	326.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,909.12
2600	SSI DISABLED EXPANDE	2,878.63	679.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,558.06
2610	SSI DISABLED EXPANDE	8,508.00	6,374.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,882.00
2620	SSI DISABLED EXPANDE	55,955.21	13,503.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,459.06
SUBTOTAL:		1,794,758.26	1,512,553.77	0.00	3,307,312.03									
3306	AHC CARE MALE 21-44	8,595.11	1,788.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,383.88
3307	AHC CARE FEMALE 21-4	389.18	256.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	645.18
3308	AHC CARE M&F 45-64 W	7,722.06	5,659.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,381.34
3309	AHC CARE M&F 65+ W/	5,738.17	661.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,399.22
3314	AHC CARE MALE 14-20	9,048.00	13,588.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,636.00
3315	AHC CARE FEMALE 14-2	17,508.31	24,946.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,454.81
3316	AHC CARE MALE 21-44	157,498.69	122,063.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279,561.98
3317	AHC CARE FEMALE 21-4	162,497.97	180,289.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	342,786.98
3318	AHC CARE M&F 45-64 N	371,854.42	345,784.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	717,638.77
3319	AHC CARE M&F 65+ NO	484.00	512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	996.00
3326	AHC CARE MALE 21-44	396.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	396.40
3328	AHC CARE M&F 45-64 W	230.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	230.49
SUBTOTAL:		741,962.80	695,548.25	0.00	1,437,511.05									
3400	MED ELIGIBILITY W/ M	10,266.96	798.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,065.63
3410	MED ELIGIBILITY NON-	59,330.52	94,607.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	153,938.43

ACUTE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3606	AHC CARE/MI MALE 21-	1,876.29	1,981.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,857.66
3607	AHC CARE/MI FEMALE 2	673.60	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	701.60
3608	AHC CARE/MI M&F 45-6	9,939.92	4,649.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,589.57
3609	AHC CARE/MI M&F 65+	280.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	280.60
3614	AHC CARE/MI MALE 14-	110,364.97	111,202.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	221,567.87
3615	AHC CARE/MI FEMALE 1	166,233.74	177,021.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	343,255.30
3616	AHC CARE/MI MALE 21-	1,110,753.14	1,346,537.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,457,290.33
3617	AHC CARE/MI FEMALE 2	975,239.35	880,707.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,855,946.60
3618	AHC CARE/MI M&F 45-6	1,825,074.54	1,644,687.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,469,761.67
3619	AHC CARE/MI M&F 65+	0.00	512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	512.00
3627	AHC CARE/MI FEMALE 2	57.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.20
SUBTOTAL:		4,270,090.83	4,262,733.63	0.00	8,532,824.46									
4517	BC PATIENT FEMALE 21	484.00	112.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	596.00
4518	BC PATIENT FEMALE 45	768.00	2,672.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,440.00
4617	CC PATIENT FEMALE 21	1,024.00	1,280.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,304.00
4618	CC PATIENT FEMALE 45	0.00	56.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
SUBTOTAL:		2,276.00	4,120.00	0.00	6,396.00									
8700	SSI DISABLED FREEDOM	690.33	38.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	728.93
8710	SSI DISABLED FREEDOM	1,764.00	1,820.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,584.00
SUBTOTAL:		2,454.33	1,858.60	0.00	4,312.93									
TOTAL:		22,992,294.87	22,253,292.72	0.00	45,245,587.59									

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	2,146.47	556.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,703.36
1007	TANF 21-44 FEMALE WI	14,179.52	2,037.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,216.57
1008	TANF 45-64 M & F WIT	3,796.76	533.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,330.37
1009	TANF 65+ M & F WITH	112.08	112.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	224.16
1011	TANF <1 M & F NON-ME	452,383.65	815,082.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,267,465.71
1012	TANF 01-05 M & F NON	227,389.19	264,961.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	492,350.55
1013	TANF 06-13 M & F NON	227,222.65	256,714.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	483,937.28
1014	TANF 14-20 MALE NON-	57,756.02	67,985.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125,741.29
1015	TANF 14-20 FEMALE NO	243,415.59	186,328.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	429,743.84
1016	TANF 21-44 MALE NON-	142,516.81	162,498.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	305,015.59
1017	TANF 21-44 FEMALE NO	788,732.75	633,249.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,421,981.80
1018	TANF 45-64 M & F NON	128,514.33	388,170.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	516,685.22
1029	TANF 65+ M & F WITH	0.00	87.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87.60
2100	SSI AGED WITH MEDICA	100,392.44	17,117.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117,510.02
2110	SSI AGED NON-MEDICAR	16,827.04	12,246.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,073.71
2120	SSI AGED WITH QMB	181,901.90	110,803.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	292,705.89
2200	SSI DISABLED WITH ME	179,127.77	144,333.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	323,461.28
2210	SSI DISABLED NON-MED	2,327,020.53	2,498,273.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,825,293.75
2220	SSI DISABLED WITH QM	521,671.69	360,465.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	882,137.38
2300	SSI BLIND WITH MEDIC	-44.35	106.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.53
2310	SSI BLIND NON-MEDICA	5,220.02	4,363.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,583.62
2320	SSI BLIND WITH QMB	5,365.96	3,631.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,997.75
4311	SOBRA CHILD <1 M & F	361,290.83	438,392.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	799,683.32
4312	SOBRA CHILD 01-05 M	123,132.98	90,417.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	213,550.20
4313	SOBRA CHILD 06-13 M	114,217.11	97,798.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	212,015.60
4314	SOBRA CHILD 14-20 MA	104,128.14	102,255.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	206,384.11
4315	SOBRA CHILD 14-20 FE	91,138.13	75,118.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	166,257.11
5007	SOBRA PREG 21-44 FEM	3,093.09	120.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,213.13
5015	SOBRA PREG 14-20 FEM	151,552.34	113,213.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	264,765.55
5017	SOBRA PREG 21-44 FEM	274,778.75	228,693.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	503,471.77
5018	SOBRA PREG 45-64 FEM	7,228.19	1,653.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,881.45
SUBTOTAL:		6,856,208.38	7,077,323.13	0.00	13,933,531.51									
1106	TANF EXPANDED 21-44	1,651.85	1,538.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,190.39
1107	TANF EXPANDED 21-44	7,269.71	4,493.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,763.00
1108	TANF EXPANDED 45-64	24,304.48	23,138.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47,442.62
1109	TANF EXPANDED 65+ M&	5,924.27	15,051.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,975.84
1112	TANF EXPANDED 01-05	619.76	1,266.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,886.69
1113	TANF EXPANDED 06-13	724.86	1,071.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,796.19

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1114	TANF EXPANDED 14-20	4,229.07	2,302.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,531.33
1115	TANF EXPANDED 14-20	22,404.32	8,923.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,327.88
1116	TANF EXPANDED 21-44	131,062.82	69,807.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200,870.31
1117	TANF EXPANDED 21-44	155,869.71	97,968.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	253,838.43
1118	TANF EXPANDED 45-64	84,610.01	99,558.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	184,168.93
1119	TANF EXPANDED 65+ M&W	1,582.92	-1,136.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	446.04
1128	TANF EXPANDED 45-64	1,538.04	1,779.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,317.64
1129	TANF EXPANDED 65+ M&W	5.60	244.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	249.98
2400	SSI AGED EXPANDED WI	12,179.98	3,468.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,648.84
2410	SSI AGED EXPANDED NO	45,123.38	28,319.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73,442.39
2420	SSI AGED EXPANDED WI	146,415.97	91,615.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	238,031.90
2520	SSI BLIND EXPANDED W	2,053.93	1,567.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,621.09
2600	SSI DISABLED EXPANDE	61.54	602.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	664.19
2610	SSI DISABLED EXPANDE	2,026.94	11,445.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,472.48
2620	SSI DISABLED EXPANDE	68,662.90	30,393.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99,056.10
SUBTOTAL:		718,322.06	493,420.20	0.00	1,211,742.26									
3306	AHC CARE MALE 21-44	75.27	84.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160.06
3307	AHC CARE FEMALE 21-4	36.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.70
3308	AHC CARE M&F 45-64 W	17,141.75	15,222.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,364.67
3309	AHC CARE M&F 65+ W/	1,887.26	1,073.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,960.97
3314	AHC CARE MALE 14-20	20,184.30	4,758.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,942.68
3315	AHC CARE FEMALE 14-2	275.76	454.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	730.35
3316	AHC CARE MALE 21-44	45,121.97	63,150.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108,272.76
3317	AHC CARE FEMALE 21-4	24,445.17	32,470.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56,915.39
3318	AHC CARE M&F 45-64 N	212,322.93	185,036.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	397,359.01
3328	AHC CARE M&F 45-64 W	0.00	193.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	193.52
SUBTOTAL:		321,491.11	302,445.00	0.00	623,936.11									
3400	MED ELIGIBILITY W/ M	27,422.61	10,865.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,287.71
3410	MED ELIGIBILITY NON-	259,554.19	150,491.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	410,045.64
3420	MED ELIGIBILITY W/ Q	131.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131.15
3606	AHC CARE/MI MALE 21-	3,078.24	587.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,666.09
3607	AHC CARE/MI FEMALE 2	14,983.02	5,623.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,606.36
3608	AHC CARE/MI M&F 45-6	12,403.92	10,317.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,721.72
3609	AHC CARE/MI M&F 65+	0.00	2,472.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,472.13
3614	AHC CARE/MI MALE 14-	90,048.05	43,463.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	133,511.66
3615	AHC CARE/MI FEMALE 1	64,006.45	67,092.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	131,099.11
3616	AHC CARE/MI MALE 21-	865,774.10	734,954.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,600,728.26

ACUTE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
3617	AHC CARE/MI FEMALE 2	401,737.76	430,338.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	832,076.41
3618	AHC CARE/MI M&F 45-6	1,088,132.56	889,032.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,977,165.28
3627	AHC CARE/MI FEMALE 2	0.00	22.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.28
SUBTOTAL:		2,827,272.05	2,345,261.75	0.00	5,172,533.80									
4617	CC PATIENT FEMALE 21	10,565.38	11,044.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,610.24
SUBTOTAL:		10,565.38	11,044.86	0.00	21,610.24									
TOTAL:		10,733,858.98	10,229,494.94	0.00	20,963,353.92									

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	200.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.23
1008	TANF 45-64 M & F WIT	33.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.98
1011	TANF <1 M & F NON-ME	11,164.27	15,319.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,483.92
1012	TANF 01-05 M & F NON	10,485.62	9,094.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,580.09
1013	TANF 06-13 M & F NON	15,407.84	5,057.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,465.33
1014	TANF 14-20 MALE NON-	5,745.52	731.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,476.52
1015	TANF 14-20 FEMALE NO	19,475.74	17,515.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,990.88
1016	TANF 21-44 MALE NON-	12,037.69	5,722.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,759.76
1017	TANF 21-44 FEMALE NO	33,867.42	41,366.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75,234.37
1018	TANF 45-64 M & F NON	12,555.80	7,124.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,680.54
2100	SSI AGED WITH MEDICA	4,026.66	2,907.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,934.36
2110	SSI AGED NON-MEDICAR	1,434.87	7,875.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,310.53
2120	SSI AGED WITH QMB	444.16	222.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	666.46
2200	SSI DISABLED WITH ME	148.24	88.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	237.01
2210	SSI DISABLED NON-MED	127,332.66	9,332.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	136,665.60
2220	SSI DISABLED WITH QM	436.83	1,336.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,773.73
4311	SOBRA CHILD <1 M & F	26,832.65	7,143.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,976.47
4312	SOBRA CHILD 01-05 M	27,337.46	9,729.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,066.46
4313	SOBRA CHILD 06-13 M	9,152.98	7,328.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,481.75
4314	SOBRA CHILD 14-20 MA	10,591.60	41,394.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,986.34
4315	SOBRA CHILD 14-20 FE	24,563.96	6,963.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,527.18
5015	SOBRA PREG 14-20 FEM	7,371.32	5,654.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,026.28
5017	SOBRA PREG 21-44 FEM	25,429.73	18,550.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,980.51
SUBTOTAL:		386,077.23	220,461.07	0.00	606,538.30									
1107	TANF EXPANDED 21-44	10.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.33
1108	TANF EXPANDED 45-64	0.00	1,011.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,011.40
1111	TANF EXPANDED <1 M&F	196.22	67.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	263.65
1113	TANF EXPANDED 06-13	820.34	138.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	959.27
1114	TANF EXPANDED 14-20	0.00	27.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27.73
1115	TANF EXPANDED 14-20	617.11	96.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	714.02
1116	TANF EXPANDED 21-44	16,350.78	9,789.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,140.11
1117	TANF EXPANDED 21-44	9,048.64	18,975.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,023.91
1118	TANF EXPANDED 45-64	6,858.17	2,672.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,530.52
1129	TANF EXPANDED 65+ M&	623.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	623.20
2400	SSI AGED EXPANDED WI	2,236.15	261.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,497.37
2410	SSI AGED EXPANDED NO	1,904.37	3,759.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,664.35
2420	SSI AGED EXPANDED WI	982.45	1,002.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,985.42
2600	SSI DISABLED EXPANDE	0.00	67.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.69

ACUTE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2620	SSI DISABLED EXPANDE	1,220.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,220.15
	SUBTOTAL:	40,867.91	37,871.21	0.00	78,739.12									
3307	AHC CARE FEMALE 21-4	0.00	91.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91.73
3308	AHC CARE M&F 45-64 W	3,703.85	2,870.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,574.69
3309	AHC CARE M&F 65+ W/	0.00	96.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96.56
3314	AHC CARE MALE 14-20	17,130.80	277.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,408.19
3315	AHC CARE FEMALE 14-2	5,781.70	15,198.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,980.39
3316	AHC CARE MALE 21-44	98,684.64	61,229.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	159,914.35
3317	AHC CARE FEMALE 21-4	31,200.43	25,878.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,079.35
3318	AHC CARE M&F 45-64 N	45,679.97	81,477.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127,157.96
	SUBTOTAL:	202,181.39	187,121.83	0.00	389,303.22									
3400	MED ELIGIBILITY W/ M	5,035.03	8,044.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,079.09
3410	MED ELIGIBILITY NON-	458,477.38	525,652.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	984,129.83
3607	AHC CARE/MI FEMALE 2	2,495.76	435.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,931.20
3608	AHC CARE/MI M&F 45-6	163.12	1,720.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,883.29
3614	AHC CARE/MI MALE 14-	1,530.39	12,993.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,523.75
3615	AHC CARE/MI FEMALE 1	6,475.92	5,356.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,832.91
3616	AHC CARE/MI MALE 21-	112,996.03	106,976.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	219,972.08
3617	AHC CARE/MI FEMALE 2	29,719.62	34,896.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64,616.46
3618	AHC CARE/MI M&F 45-6	158,236.36	217,450.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	375,686.89
	SUBTOTAL:	775,129.61	913,525.89	0.00	1,688,655.50									
4615	CC PATIENT FEMALE 14	0.00	62.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62.29
	SUBTOTAL:	0.00	62.29	0.00	62.29									
2010	TMCP SSI DISABLED NO	1,061.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,061.10
	SUBTOTAL:	1,061.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,061.10
	TOTAL:	1,405,317.24	1,359,042.29	0.00	2,764,359.53									

QMB - FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	12,518.99	4,640.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,159.80
	SUBTOTAL:	12,518.99	4,640.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,159.80
	TOTAL:	12,518.99	4,640.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,159.80

QMB - FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
8020	QMB ONLY	124,298.70	104,412.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228,711.36
	SUBTOTAL:	124,298.70	104,412.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228,711.36
	TOTAL:	124,298.70	104,412.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	228,711.36

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1006	TANF 21-44 MALE WITH	0.00	13.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.26
1007	TANF 21-44 FEMALE WI	3,958.35	3,450.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,408.36
1008	TANF 45-64 M & F WIT	84.50	8.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92.85
1011	TANF <1 M & F NON-ME	84,723.02	98,599.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	183,322.39
1012	TANF 01-05 M & F NON	66,511.51	131,448.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	197,960.50
1013	TANF 06-13 M & F NON	98,451.77	27,805.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	126,257.04
1014	TANF 14-20 MALE NON-	16,083.45	15,098.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,181.91
1015	TANF 14-20 FEMALE NO	60,853.13	37,075.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97,928.55
1016	TANF 21-44 MALE NON-	36,331.27	32,890.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,221.63
1017	TANF 21-44 FEMALE NO	213,475.70	365,371.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	578,847.27
1018	TANF 45-64 M & F NON	30,099.63	77,119.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107,219.06
2100	SSI AGED WITH MEDICA	21,210.47	766.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21,977.43
2110	SSI AGED NON-MEDICAR	2,900.16	4,748.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,648.65
2120	SSI AGED WITH QMB	34,178.55	17,174.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,352.75
2200	SSI DISABLED WITH ME	46,230.60	61,678.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	107,909.18
2210	SSI DISABLED NON-MED	513,115.51	387,336.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	900,451.78
2220	SSI DISABLED WITH QM	63,487.21	41,194.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	104,681.83
2300	SSI BLIND WITH MEDIC	101.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101.17
2310	SSI BLIND NON-MEDICA	1,173.14	634.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,807.40
4311	SOBRA CHILD <1 M & F	109,704.84	108,337.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	218,042.22
4312	SOBRA CHILD 01-05 M	75,418.78	15,763.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,182.09
4313	SOBRA CHILD 06-13 M	35,832.46	23,696.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59,528.68
4314	SOBRA CHILD 14-20 MA	27,256.15	29,894.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,151.13
4315	SOBRA CHILD 14-20 FE	49,228.28	17,585.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,813.65
5013	SOBRA PREG 09-13 FEM	11,333.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,333.92
5015	SOBRA PREG 14-20 FEM	32,062.44	35,922.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,984.53
5017	SOBRA PREG 21-44 FEM	50,473.20	41,498.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	91,971.82
SUBTOTAL:		1,684,279.21	1,575,111.84	0.00	3,259,391.05									
1107	TANF EXPANDED 21-44	218.06	884.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,102.36
1108	TANF EXPANDED 45-64	10,035.20	4,498.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,533.62
1109	TANF EXPANDED 65+ M&	2,255.39	233.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,488.99
1113	TANF EXPANDED 06-13	146.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146.00
1114	TANF EXPANDED 14-20	2,897.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,897.86
1115	TANF EXPANDED 14-20	425.99	148.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	574.41
1116	TANF EXPANDED 21-44	41,290.51	21,388.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	62,679.31
1117	TANF EXPANDED 21-44	27,961.29	60,049.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88,010.56
1118	TANF EXPANDED 45-64	37,618.94	19,557.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,176.01
1128	TANF EXPANDED 45-64	0.00	1,043.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,043.24

ACUTE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SERV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2400	SSI AGED EXPANDED WI	211.98	-51.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	160.82
2410	SSI AGED EXPANDED NO	3,883.43	5,400.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,284.21
2420	SSI AGED EXPANDED WI	20,640.36	6,791.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,431.50
2520	SSI BLIND EXPANDED W	0.00	67.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.11
2610	SSI DISABLED EXPANDE	121.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121.06
2620	SSI DISABLED EXPANDE	11,070.11	7,089.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,159.12
SUBTOTAL:		158,776.18	127,100.00	0.00	285,876.18									
3307	AHC CARE FEMALE 21-4	887.72	517.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,405.12
3308	AHC CARE M&F 45-64 W	563.89	368.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	932.88
3309	AHC CARE M&F 65+ W/	-5.27	1.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.60
3314	AHC CARE MALE 14-20	4,475.73	1,312.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,787.90
3315	AHC CARE FEMALE 14-2	0.00	-50.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-50.17
3316	AHC CARE MALE 21-44	8,746.50	14,698.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,444.92
3317	AHC CARE FEMALE 21-4	23,658.28	8,892.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32,551.17
3318	AHC CARE M&F 45-64 N	118,562.68	21,512.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140,075.50
SUBTOTAL:		156,889.53	47,254.19	0.00	204,143.72									
3400	MED ELIGIBILITY W/ M	3,147.59	1,819.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,967.11
3410	MED ELIGIBILITY NON-	67,619.91	123,860.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	191,480.79
3606	AHC CARE/MI MALE 21-	0.00	1,617.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,617.76
3607	AHC CARE/MI FEMALE 2	0.00	97.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.74
3608	AHC CARE/MI M&F 45-6	1,639.76	3,465.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,105.44
3609	AHC CARE/MI M&F 65+	993.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	993.45
3614	AHC CARE/MI MALE 14-	13,765.12	28,362.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	42,127.18
3615	AHC CARE/MI FEMALE 1	26,798.57	2,391.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,190.21
3616	AHC CARE/MI MALE 21-	244,983.50	324,905.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	569,888.92
3617	AHC CARE/MI FEMALE 2	123,989.83	98,479.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	222,469.32
3618	AHC CARE/MI M&F 45-6	238,030.04	155,534.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	393,564.85
SUBTOTAL:		720,967.77	740,535.00	0.00	1,461,502.77									
4617	CC PATIENT FEMALE 21	7,912.69	664.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,577.19
4618	CC PATIENT FEMALE 45	49.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49.04
SUBTOTAL:		7,961.73	664.50	0.00	8,626.23									
TOTAL:		2,728,874.42	2,490,665.53	0.00	5,219,539.95									

LONG TERM CARE FEE FOR SERVICE - IHS FACILITY SERVICES ONLY - EXCLUDING EMERGENCY SER

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	256.00	284.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	540.00
2100	SSI AGED WITH MEDICA	135,967.18	36,322.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	172,289.21
2110	SSI AGED NON-MEDICAR	23,599.70	46,039.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,638.85
2120	SSI AGED WITH QMB	232,010.52	30,510.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	262,520.69
2200	SSI DISABLED WITH ME	31,976.42	9,571.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,548.23
2210	SSI DISABLED NON-MED	367,137.88	520,656.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	887,794.01
2220	SSI DISABLED WITH QM	54,666.46	12,238.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,904.46
2300	SSI BLIND WITH MEDIC	375.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	375.00
2310	SSI BLIND NON-MEDICA	5,236.00	4,824.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,060.00
2320	SSI BLIND WITH QMB	522.90	90.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	613.68
SUBTOTAL:		851,748.06	660,536.07	0.00	1,512,284.13									
TOTAL:		851,748.06	660,536.07	0.00	1,512,284.13									

LONG TERM CARE FEE FOR SERVICE - IHS NON-CONTRACTED CATEGORICAL REFERRALS - EXCL EMER

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2100	SSI AGED WITH MEDICA	1,858,092.52	1,471,436.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,329,529.33
2110	SSI AGED NON-MEDICAR	273,443.68	295,338.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	568,782.57
2120	SSI AGED WITH QMB	2,615,821.72	2,376,949.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,992,771.41
2200	SSI DISABLED WITH ME	311,853.22	204,905.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	516,758.33
2210	SSI DISABLED NON-MED	1,561,287.17	1,623,286.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,184,573.61
2220	SSI DISABLED WITH QM	641,787.14	573,010.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,214,797.36
2300	SSI BLIND WITH MEDIC	7,652.03	2,541.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,193.20
2310	SSI BLIND NON-MEDICA	4,285.06	6,476.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,761.46
2320	SSI BLIND WITH QMB	20,141.15	17,226.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,367.88
SUBTOTAL:		7,294,363.69	6,571,171.46	0.00	13,865,535.15									
TOTAL:		7,294,363.69	6,571,171.46	0.00	13,865,535.15									

LONG TERM CARE FEE FOR SERVICE - NON IHS ONLY - EXCLUDING EMERGENCY SERVICES

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2100	SSI AGED WITH MEDICA	36,917.99	44,850.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	81,768.01
2110	SSI AGED NON-MEDICAR	2,160.48	5,393.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,554.28
2120	SSI AGED WITH QMB	0.00	22,483.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,483.18
2200	SSI DISABLED WITH ME	9,791.30	2,579.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,370.74
2210	SSI DISABLED NON-MED	27,499.61	23,716.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,215.97
2300	SSI BLIND WITH MEDIC	0.00	25.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.03
SUBTOTAL:		76,369.38	99,047.83	0.00	175,417.21									
TOTAL:		76,369.38	99,047.83	0.00	175,417.21									

LONG TERM CARE FEE FOR SERVICE - IHS CONTRACTED CATEGORICAL REFERRALS - EXCL EMERG SRV

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
2100	SSI AGED WITH MEDICA	47,328.49	19,061.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,389.89
2110	SSI AGED NON-MEDICAR	5,860.03	16,583.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,443.12
2120	SSI AGED WITH QMB	48,263.75	20,852.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69,115.85
2200	SSI DISABLED WITH ME	18,570.26	7,614.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	26,184.32
2210	SSI DISABLED NON-MED	207,373.46	113,950.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	321,323.69
2220	SSI DISABLED WITH QM	26,830.78	7,092.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33,923.55
2300	SSI BLIND WITH MEDIC	24.04	982.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,006.12
2320	SSI BLIND WITH QMB	148.99	1,324.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,473.55
SUBTOTAL:		354,399.80	187,460.29	0.00	541,860.09									
TOTAL:		354,399.80	187,460.29	0.00	541,860.09									

KidsCare - CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	405,564.53	410,536.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	816,100.82
6012	KIDS 1-5 M & F NON-M	1,984,777.15	2,050,098.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,034,875.64
6013	KIDS 6-13 M & F NON-	3,338,987.36	3,400,456.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,739,443.89
6014	KIDS 14-19 MALE NON-	864,729.64	881,695.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,746,425.58
6015	KIDS 14-19 FEMALE NO	1,148,668.64	1,165,392.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,314,060.67
9960	KIDSCARE KICK PAYMEN	303,647.22	277,903.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	581,550.87
SUBTOTAL:		8,046,374.54	8,186,082.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,232,457.47
TOTAL:		8,046,374.54	8,186,082.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,232,457.47

KidsCare - CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	834.89	844.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,679.73
6012	KIDS 1-5 M & F NON-M	18,107.45	18,704.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,811.47
6013	KIDS 6-13 M & F NON-	30,611.79	31,171.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61,783.69
6014	KIDS 14-19 MALE NON-	6,430.14	6,557.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,987.86
6015	KIDS 14-19 FEMALE NO	6,104.11	6,194.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,298.38
9960	KIDSCARE KICK PAYMEN	48.00	44.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92.00
SUBTOTAL:		62,136.38	63,516.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125,653.13
TOTAL:		62,136.38	63,516.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125,653.13

KidsCare - MENTAL HEALTH CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	18,306.00	18,651.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,957.78
6012	KIDS 1-5 M & F NON-M	376,981.56	387,456.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	764,438.22
6013	KIDS 6-13 M & F NON-	644,655.96	652,812.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,297,468.26
6014	KIDS 14-19 MALE NON-	142,710.94	145,329.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	288,040.66
6015	KIDS 14-19 FEMALE NO	136,942.34	138,808.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275,751.10
SUBTOTAL:		1,319,596.80	1,343,059.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,662,656.02
TOTAL:		1,319,596.80	1,343,059.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,662,656.02

KidsCare - MENTAL HEALTH CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	900.00	917.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,817.00
6012	KIDS 1-5 M & F NON-M	18,534.00	19,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37,583.00
6013	KIDS 6-13 M & F NON-	31,694.00	32,095.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63,789.00
6014	KIDS 14-19 MALE NON-	6,787.00	6,902.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,689.00
6015	KIDS 14-19 FEMALE NO	6,501.00	6,582.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,083.00
SUBTOTAL:		64,416.00	65,545.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129,961.00
TOTAL:		64,416.00	65,545.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129,961.00

KidsCare - CHILDREN'S REHABILITATIVE SERVICES - CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	1,591.05	1,814.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,405.47
6012	KIDS 1-5 M & F NON-M	124,878.30	119,661.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	244,539.99
6013	KIDS 6-13 M & F NON-	172,005.66	175,405.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	347,411.40
6014	KIDS 14-19 MALE NON-	29,597.68	30,872.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60,470.29
6015	KIDS 14-19 FEMALE NO	40,004.76	38,151.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78,156.36
SUBTOTAL:		368,077.45	365,906.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	733,983.51
TOTAL:		368,077.45	365,906.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	733,983.51

KidsCare - CHILDREN'S REHABILITATIVE SERVICES - CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	3.86	4.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.82
6012	KIDS 1-5 M & F NON-M	378.30	369.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	747.60
6013	KIDS 6-13 M & F NON-	594.44	602.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,197.16
6014	KIDS 14-19 MALE NON-	125.04	130.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	255.24
6015	KIDS 14-19 FEMALE NO	151.87	147.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	299.48
SUBTOTAL:		1,253.51	1,254.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,508.30
TOTAL:		1,253.51	1,254.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,508.30

KidsCare - FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	7,105.87	4,059.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,165.66
6012	KIDS 1-5 M & F NON-M	38,313.21	17,415.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,728.89
6013	KIDS 6-13 M & F NON-	51,413.97	73,914.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125,328.07
6014	KIDS 14-19 MALE NON-	56,249.83	14,920.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	71,170.61
6015	KIDS 14-19 FEMALE NO	65,076.62	31,124.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	96,200.80
SUBTOTAL:		218,159.50	141,434.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	359,594.03
TOTAL:		218,159.50	141,434.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	359,594.03

KidsCare - REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6011	KIDS <1M&F NON MEDIC	14.61	7,107.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,121.77
6012	KIDS 1-5 M & F NON-M	25,100.93	17,962.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43,063.09
6013	KIDS 6-13 M & F NON-	133,056.66	119,050.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	252,107.54
6014	KIDS 14-19 MALE NON-	15,532.32	52,333.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,866.05
6015	KIDS 14-19 FEMALE NO	48,998.83	518.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49,517.68
SUBTOTAL:		222,703.35	196,972.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419,676.13
TOTAL:		222,703.35	196,972.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	419,676.13

HIFA PARENTS - CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6514	SOBRA HIFA 14 - 20 M	269.36	269.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	538.72
6515	SOBRA HIFA 14 - 20 F	1,855.89	2,065.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,921.49
6516	SOBRA HIFA 21 - 44 M	32,477.71	34,559.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67,037.23
6517	SOBRA HIFA 21 - 44 F	48,605.78	49,807.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	98,413.22
6518	SOBRA HIFA 45 - 64 M	10,144.71	10,074.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,219.06
6614	KC HIFA 14 - 20 MALE	1,769.59	2,040.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,809.79
6615	KC HIFA 14 - 20 FEMA	13,979.21	16,123.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,102.57
6616	KC HIFA 21 - 44 MALE	540,934.48	543,401.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,084,335.99
6617	KC HIFA 21 - 44 FEMA	1,237,208.64	1,241,777.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,478,986.31
6618	KC HIFA 45 - 64 MALE	1,130,178.67	1,154,266.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,284,445.57
6619	KC HIFA 65+ MALE/FEM	371.79	371.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	743.58
SUBTOTAL:		3,017,795.83	3,054,757.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,072,553.53
TOTAL:		3,017,795.83	3,054,757.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,072,553.53

HIFA PARENTS - CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6514	SOBRA HIFA 14 - 20 M	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
6515	SOBRA HIFA 14 - 20 F	9.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.00
6516	SOBRA HIFA 21 - 44 M	239.88	255.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	495.32
6517	SOBRA HIFA 21 - 44 F	234.66	241.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	475.89
6518	SOBRA HIFA 45 - 64 M	26.00	25.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.77
6614	KC HIFA 14 - 20 MALE	13.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.00
6615	KC HIFA 14 - 20 FEMA	68.00	78.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	146.36
6616	KC HIFA 21 - 44 MALE	3,991.73	4,009.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,001.35
6617	KC HIFA 21 - 44 FEMA	5,993.97	6,018.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,012.21
6618	KC HIFA 45 - 64 MALE	2,879.06	2,941.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,820.49
6619	KC HIFA 65+ MALE/FEM	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
SUBTOTAL:		13,458.30	13,598.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,056.39
TOTAL:		13,458.30	13,598.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,056.39

HIFA PARENTS - MENTAL HEALTH CAPITATION AMOUNTS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6514	SOBRA HIFA 14 - 20 M	64.52	64.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129.04
6515	SOBRA HIFA 14 - 20 F	290.34	322.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	612.94
6516	SOBRA HIFA 21 - 44 M	8,484.38	8,936.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,420.40
6517	SOBRA HIFA 21 - 44 F	8,065.00	8,161.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,226.78
6518	SOBRA HIFA 45 - 64 M	903.28	903.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,806.56
6614	KC HIFA 14 - 20 MALE	483.90	516.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.06
6615	KC HIFA 14 - 20 FEMA	2,354.98	2,613.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,968.04
6616	KC HIFA 21 - 44 MALE	133,491.88	133,846.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	267,338.62
6617	KC HIFA 21 - 44 FEMA	200,173.30	201,592.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	401,766.04
6618	KC HIFA 45 - 64 MALE	98,715.60	100,715.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	199,431.32
6619	KC HIFA 65+ MALE/FEM	64.52	64.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129.04
SUBTOTAL:		453,091.70	457,737.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	910,828.84
TOTAL:		453,091.70	457,737.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	910,828.84

HIFA PARENTS - MENTAL HEALTH CAPITATION MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6514	SOBRA HIFA 14 - 20 M	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
6515	SOBRA HIFA 14 - 20 F	9.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.00
6516	SOBRA HIFA 21 - 44 M	263.00	277.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	540.00
6517	SOBRA HIFA 21 - 44 F	250.00	253.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	503.00
6518	SOBRA HIFA 45 - 64 M	28.00	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.00
6614	KC HIFA 14 - 20 MALE	15.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31.00
6615	KC HIFA 14 - 20 FEMA	73.00	81.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	154.00
6616	KC HIFA 21 - 44 MALE	4,138.00	4,149.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,287.00
6617	KC HIFA 21 - 44 FEMA	6,205.00	6,249.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,454.00
6618	KC HIFA 45 - 64 MALE	3,060.00	3,122.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,182.00
6619	KC HIFA 65+ MALE/FEM	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
SUBTOTAL:		14,045.00	14,189.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,234.00
TOTAL:		14,045.00	14,189.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,234.00

HIFA PARENTS - FEE FOR SERVICE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6516	SOBRA HIFA 21 - 44 M	1,119.35	683.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,802.87
6517	SOBRA HIFA 21 - 44 F	725.59	442.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,167.67
6518	SOBRA HIFA 45 - 64 M	578.08	126.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	704.23
6615	KC HIFA 14 - 20 FEMA	220.08	1,283.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,503.28
6616	KC HIFA 21 - 44 MALE	12,469.73	15,647.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,117.05
6617	KC HIFA 21 - 44 FEMA	32,646.68	52,358.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85,005.62
6618	KC HIFA 45 - 64 MALE	38,209.70	18,111.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56,320.88
SUBTOTAL:		85,969.21	88,652.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	174,621.60
TOTAL:		85,969.21	88,652.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	174,621.60

HIFA PARENTS - REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6617	KC HIFA 21 - 44 FEMA	31,417.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,417.84
6618	KC HIFA 45 - 64 MALE	27,295.06	-11,801.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,493.89
SUBTOTAL:		58,712.90	-11,801.17	0.00	46,911.73									
TOTAL:		58,712.90	-11,801.17	0.00	46,911.73									

HIFA PARENTS - TRANSPLANT REINSURANCE

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
6617	KC HIFA 21 - 44 FEMA	0.00	88,559.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	88,559.75
6618	KC HIFA 45 - 64 MALE	24,211.80	34,491.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58,703.31
SUBTOTAL:		24,211.80	123,051.26	0.00	147,263.06									
TOTAL:		24,211.80	123,051.26	0.00	147,263.06									

CAPITATION DD (110007) - MEMBER MONTHS

For the Period Ending August 31, 2007

RATE CODE	DESCRIPTION	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
1010	TANF NON-MEDICARE	320.84	339.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	660.02
1020	TANF WITH QMB	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
2100	SSI AGED WITH MEDICA	58.00	59.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	117.99
2110	SSI AGED NON-MEDICAR	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
2120	SSI AGED WITH QMB	153.86	156.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	310.26
2200	SSI DISABLED WITH ME	1,001.93	1,026.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,028.15
2210	SSI DISABLED NON-MED	14,602.38	14,670.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,273.27
2220	SSI DISABLED WITH QM	2,909.87	2,904.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,814.31
2300	SSI BLIND WITH MEDIC	7.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00
2310	SSI BLIND NON-MEDICA	100.96	101.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	201.96
2320	SSI BLIND WITH QMB	24.00	24.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.00
8700	SSI DISABLED FREEDOM	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
8710	SSI DISABLED FREEDOM	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00
8720	SSI DISABLED FREEDOM	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
TOTAL:		19,193.84	19,305.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38,498.96

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EPD/DD EXPENDITURES

For the Period Ending August 31, 2007

EPD/DD CAPITATION-LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TRIBAL	258,050.17	259,731.00											517,781.17
VD	638,223.58	641,535.61											1,279,759.19
EPD	73,250,704.37	69,962,053.10											143,212,757.47
TOTAL AHCCCS LTC	74,146,978.12	70,863,319.71	-	-	-	-	-	-	-	-	-	-	145,010,297.83
DES-VD	1,407,786.56	1,390,750.24											2,798,536.80
DES/DD	62,146,332.09	62,507,224.24											124,653,556.33
TOTAL DES LTC	63,554,118.65	63,897,974.48	-	-	-	-	-	-	-	-	-	-	127,452,093.13
TOTAL LTC - CAP	137,701,096.77	134,761,294.19	-	-	-	-	-	-	-	-	-	-	272,462,390.96

EPD/DD FEE-FOR-SERVICE - LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL AHCCCS LTC	8,567,402.87	7,505,415.09	-	-	-	-	-	-	-	-	-	-	16,072,817.96
DES-VD	0.00	0.00											0.00
DES/DD	9,478.06	12,800.56											22,278.62
TOTAL DES LTC	9,478.06	12,800.56	-	-	-	-	-	-	-	-	-	-	22,278.62
TOTAL LTC - FFS	8,576,880.93	7,518,215.65											16,095,096.58

EPD/DD REINSURANCE - LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL AHCCCS LTC	5,425,291.65	3,537,885.00	-	-	-	-	-	-	-	-	-	-	8,963,176.65
DES-VD	0.00	0.00											0.00
DES/DD	3,484,607.43	445,830.09											3,930,437.52
TOTAL DES LTC	3,484,607.43	445,830.09	-	-	-	-	-	-	-	-	-	-	3,930,437.52
TOTAL LTC - REIN	8,909,899.08	3,983,715.09											12,893,614.17

EPD/DD SMIB/HIB-LTC													
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
TOTAL SMIB/HIB LTC	2,556,087.50	2,552,749.90											5,108,837.40

Note to the ASR:

1- EPD reflects the Federal and County share for both acute and LTC services.

2- AHCCCS passes through only the Federal share to DES. Neither the Federal nor the Nonfederal dollars are included on the ASR summary (page 1) because both are included in the DES appropriation.